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THE

MEDICAL ANALECTIC

A

MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS
OF MEDICO-CHIRURGICAL PRACTICE

EDITED BY

WALTER S. WELLS, M.D.

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VOL. II.

NEW YORK & LONDON
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EDITORIAL NOTE.

It seems fitting upon the opening of the second volume of the medical ANALECTIC that its friends should be greeted with our thanks for the cordial approval which they have awarded to our undertaking.

The substantial endorsement it has received confirms us in continuing the plan upon which THE ANALECTIC was started, of meeting the requirements of the active portion of the Profession for frequent analysis and classification of the immense number of items of practical import to be found scattered throughout the mass of current medical literature.

This material as observed is so voluminous in the English language alone, that the practitioners who most desire to avail themselves of the essentials of medical progress are those who have the least time at their disposal to devote to the amount of reading necessarily involved in examining it.

Special attention will continue to be devoted to compiling European medical news, and we have perfected arrangements which place at our disposal, promptly after publication, copies of the principal Continental medical journals, particularly those published in Great Britain.

These facilities enable THE ANALECTIC to furnish the earliest items of professional news, not only abreast with, but frequently in advance of, any medical journal published in the United States.

Our European Exchanges, with those published in America, place before us current literature embracing every item of progress in the medical sciences throughout the world, and with these sources, from which the pages of THE ANALECTIC will continue to be prepared, we can insure an exhaustive summary of practical news from all the medical centres of both hemispheres.

In addition to the comprehensive classification which we have adopted, and which offers the most convenient form through which the active practitioner may acquaint himself with all advances in the application of remedial and operative measures, there will hereafter be included in each volume of THE ANALECTIC, a copious index, alphabetically arranged.

We think the volume for 1884 with its 3,000 *new and practical* articles gives evidence that we were warranted in believing we could make THE ANALECTIC the most valuable repertory of medical news yet offered to the Profession.

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463.

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ZYMOTIC.

Comma Bacilli.—The authorities of Genoa having placed a well-equipped laboratory at the disposal of Professor Antonio Ceci, he, with Professor Edwin Klebs, instituted a series of researches on the etiology of Asiatic cholera. *La Rivista Internazionale di Medicina e Chirurgia*, for last month, gives a preliminary report ("Communicazione Preventiva") of the joint research. Its results, so far as concerns the comma bacillus, do not accord with those of Professor Koch. The Genoa observers conclude that comma bacilli are not invariably present in the fæces of cholera patients, or in the intestinal contents of the cadavers of those who have rapidly succumbed to the disease. They also failed to discover the comma bacillus in the air expired by patients in the algide stage of cholera; the blood of these subjects presented, under the microscope, no other morphological changes than increase in the number of white corpuscles, and deeper coloring of the red corpuscles due to cyanosis. The symptoms, death, and organic changes of individuals stricken with rapid cholera are not explicable by the slight lesions found in the intestine. In perfectly fresh cases, in which epithelium still existed *in situ*, no comma bacilli were found in the glands of Lieberkühn, although lymphatic cells abounded in the mucous membrane. So far as concerns their morphological characters, the comma bacilli and spirilli of Asiatic cholera proved identical with the comma bacilli and spirilli obtained by Finkler and Prior of Bonn from the culture of the fæces of cholera nostras patients. The same forms of spirilli were found by Klebs in the diarrhœa of an individual suffering from pneumonia.—*London Lancet*, Dec. 20th.

Further Pathological and Therapeutical Contributions to Cholera.—The number of contributions to the subject of cholera is increasing rather faster than they can be recorded. Professor B. Grassi, in the *Gazz. degli Ospitali*, states that he has found the comma bacilli in the stools of persons suffering from choleraic diarrhœa, or cholerine. The patient whose dejecta was examined was a soldier in a regiment of which some members had been attacked with cholera. Professor Grassi, together with Drs. Vivanti and Berretta, added to the number of bacilli repasts by swallowing dried cholera bacilli. They experienced no ill effects. Professor Grassi believes that flies are active and important agents in spreading cholera. Professor Cantani, in the same journal, reports the results of some of his examinations of the blood in cholera patients. He finds that with the progress of the disease the blood lessens in alkalinity, and finally, at death, is actually acid. He infers from this fact (which was known before) that if venous injections be made in treating the disease, the liquid used ought to be more alkaline than that hitherto employed.

Dr. Manfredi has studied the action of tannic acid upon cholera bacilli, and finds that even in small amounts it kills them. He therefore recommends the rectal injection of solutions of this drug. Cantani recommends the same method, and gives the following formula:

℞	Aq. catid.	2,000 grammes
	Acid. tannic . . .	5–6–10 "
	Gum. arab.	50 "
	Tr. opii	30–50 gtt.
M.		

Professor Alberta Riva, as the result of experiments upon animals, thinks that saline injections made into the pleural cavity, or preferably into the peritoneal cavity, may be beneficial in cholera.

Dr. Panier, in *El Siglo Medico*, recommends the heroic use of strychnine through-

out the whole course of cholera. He gives hourly about gr. $\frac{1}{60}$ of sulphate of strychnia. MM. Huchard and Dujardin-Beaumetz recommend the hypodermic injection of caffein dissolved in a solution of benzoate of soda. The dose given is about gr. jss.

Le Progrès Médicale quotes the results of the treatment of cholera with injections of chloral hydrate by Dr. Reddié, Partabgark, India. He employed injections of small doses of chloral hydrate. Thirty-five per cent. of his cases died, while under other treatment the mortality was sixty-four per cent.—*N. Y. Med. Record*, Dec. 20th.

Building on Disused Burial-Grounds.—Taken in conjunction with the ravages and recent decline of cholera in Paris and on the Continent generally, and with our own immunity so far from that justly dreaded disease, the recent judgment by Mr. Hannay, since confirmed by a superior court, with reference to the opening up of the Old Peel Burial-ground in Bethnal-green, must appear to be one of very questionable propriety. In opposition to the Metropolitan Board of Works, he has maintained that the area in dispute does not come within the operation of a by-law of the Board, which forbids the use for building purposes of land impregnated with animal or vegetable matter before the removal of the soil so affected, and he has accordingly sanctioned the erection of buildings upon it. Now, the Old Peel Burial-ground was, during the cholera epidemic of 1849, literally packed with the remains of the victims of this malady. There is nothing to show to what extent the contagion then entombed has been starved out of existence during the subsequent period in which the ground has been unused. It may very well be that under the favoring conditions of sufficient heat and moisture, which the earth of cemeteries is known to furnish, the germs of disease are still preserving a subterranean life. There is no slight risk in such a case that the drainage and water-supply of the houses to be built at this spot will become the conduits of infection. It were, therefore, better, in our view, that a soil once so impure should be left altogether undisturbed; but, if the time for this possibility is past, there only remains the greater necessity for the removal of all contaminating matters and the thorough disinfection of the sites to be occupied. These observations, which apply in a special degree to the case before us, have, moreover, a practical significance which should not be forgotten in dealing with the same subject in all its aspects.—*London Lancet*, Dec. 27th.

Typhoid Fever from Cattle.—Dr. Henry Lawrence writes: Where typhoid arises in isolated places, or in fresh centres, apart from human infection, may I be allowed to direct the attention of my professional brethren, through the aid of your widely read journal, to a probable cattle origin of the disease. While practising in the Cape Colony, I had many opportunities of observing cases of typhoid arise *de novo*, and in every case the presence of cattle manure infecting the air or water, or both, was the only explainable cause of the disease. Numerous instances were given in an article on the "Genesis of Typhoid Fever" in the *Lancet* of December 8, 1883. My own belief is that typhoid is as essentially a cattle disease as cow-pox, communicated from cattle to man in the first instance, and afterward spread by means of the excretions of persons affected with it. It is very difficult to prove the matter in densely populated countries; but, if true, evidence from the colonies in its favor should be forthcoming. The question is: Does typhoid ever arise *de novo* where no cattle are present?—*London Lancet*.

Ice Water in Typhoid Fever.—In a clinical lecture recently delivered at the Pennsylvania Hospital, Professor Da Costa brought before the class a case of typhoid fever in which the antipyretic effects of ice-water application to the chest and abdomen had been shown to a marked degree.

The temperature in the case had been persistently high, reaching 104.5°, and at one time 104.8°, and rarely falling below 103°, even in the morning remission. Large doses of quinine were administered. but without their usual effect. The temperature still remained high. The propriety of immersing the patient in a cold bath was then discussed, but abandoned owing to his extreme weakness, and the distance from his bed to the bath-room.

Professor Da Costa then ordered his chest and abdomen to be kept covered with cloths wrung out in ice water. This was done with the most gratifying results. The temperature fell from 104° to 102°, and then to 101⅘°. The other symptoms also began to abate.—*Med. Bulletin*, Dec.

Typhoid—Sub.-Nitr. Bismuth.—Dr. Réal describes in *L'Union Méd.* a method of treating typhoid fever, which consists principally in the administration of large doses of subnitrate of bismuth. He claims that it disinfects the intestinal canal, and prevents putrefactive changes by fixing the sulphuric acid, free or nascent, and changing it into an insoluble, inoffensive, black sulphate. Any substance employed to prevent or destroy putrefaction in the intestinal canal must be a powder insoluble in the digestive tract, inoffensive in itself, but having a real chemical action on the putrid matter. The subnitrate of bismuth he has found to fulfil these conditions better than any other agent. He administers it as follows: The first day he gives a starch clyster containing two and a half drachms of the bismuth, and by the mouth, from five to six drachms within an hour in divided doses. The second day this same quantity is given by the mouth, but the doses are extended through the twenty-four hours. This is continued daily until, toward the end of the treatment, the dejections, becoming less and less black, contain particles of the white bismuth, when the daily dose can be gradually decreased. The diarrhœa is usually arrested. If constipation exists, sulphate of soda in doses of 3 ij. to 3 iv., by the mouth or rectum, may be given. He cites three successful cases in children where he has employed this treatment.—*N. Y. Med. Record*, Dec. 6th.

Hemorrhagic Small-pox Treated Successfully with Hypodermic Injections of Ergotine.—1. A woman, age twenty-eight, was in the sixth or seventh month of pregnancy. At the end of the first week the small-pox became hemorrhagic, and at the same time uterine hemorrhage and labor pains appeared. The os uteri being dilated and the pains weak, two hypodermic injections of ergotine into the gluteal muscles were given. The hemorrhage ceased after the first injection. The child, a female, was covered with the rash, and only lived four hours. After this the disease ran its usual course, there was no metrorrhagia, the lochia being normal, and the subcutaneous capillary hemorrhages disappeared. 2. A woman, age twenty-seven, was four months pregnant. Abortion took place two days after the appearance of the fever of small-pox; this was hemorrhagic in character from the first, there being subcutaneous capillary hemorrhage, hæmoptysis, and hæmaturia. After the abortion, the hypodermic injections, two or three in the day for six days, were given. Notwithstanding the previous weak state of the patient, and the intensity of the disease, which led Dr. Muñoz to form a very unfavorable prognosis, she recovered completely, though slowly, the treatment clearly modifying the hemorrhagic form of the disease.—*London Med. Record*, Dec.

Treatment of Diphtheria. — The *Centralblatt für die Gesammte Therapie* mentions three varieties of treatment which have recently been brought forward. A solution of corrosive sublimate (one to ten thousand) is hourly applied to the throat, each time using a new feather (absorbent cotton upon a stick would probably answer the purpose very well), by Dr. Rudolph Canstatt, Uruguay. Dr. Moly reports excellent results from the following: on the first day every fifteen minutes, on the second day every hour, finely pulverized camphor is applied by a brush, or with the fingers; at the end of forty-eight hours even the worst cases show striking improvement. He lost, out of one hundred and forty-three, only two cases, one of which was for too short a time under treatment, the other was refractory. Dr. F. Kuchenmeister recommends a treatment which he has used for twenty years. He dilutes Volquardt's mixture (℞ Sodii nitrat., Sodii carbonat., Aquæ, āā 2 G.) with water 100 and syrup 20. The sodium salts appear to act upon the blood, and especially its protein albumen, and also in such a manner as to reduce the fever. He also applies a sublimate solution locally several times daily, and uses lime-water (diluted three fourths with water) as a gargle. The union of the lime-water with the sublimate is considered a favorable one, because the diphtheritic membrane is first dissolved, and the sublimate solution attacks the germs and destroys their activity.—*Phila. Med. Times*, Dec. 27th.

Diphtheria—Cold, Wet Packings.—An Italian doctor, who accepts the theory that diphtheria is an acute, infectious general disease, with a tendency to produce local symptoms, has a method of treating it which has been highly successful, and which consists in wrapping the patient in a cold, wet sheet, and repeating the packing three or four times a day, according to the

height of the fever. Cold compresses are kept continually at the throat. He uses gargles of the alkaline sulphites, carbolic acid, etc., as disinfectants, but never caustics. In 1875 six cases so treated all recovered. In 1879 seven cases so treated all recovered, the disease lasting on an average ten days. This treatment is well borne and much liked by the patient. Stimulants at the same time are freely administered. The duration of the disease is not shortened, but convalescence is shortened and strength more quickly restored.—*Med. Bulletin*, Dec.

Diphtheria—Cocaine. — Howard A. Kelly, M.D., of Philadelphia, writes: The discovery of a local anæsthetic, innocuous and easily handled, would be of such inestimable value that I have eagerly attempted to make use of the now well-known anæsthetic properties of weak solutions of the hydrochlorate of cocaine, in a variety of dissimilar cases, with the following results:

Case—Dec. 2, 1884, R. P., female, age nineteen. Has been ill for three days with a well-marked case of diphtheria. The cervical glands on both sides are enlarged, and the tonsils meet in the middle of the fauces, with a large œdematous uvula elevated and pushed forward between them. These latter structures are covered with a thick, pultaceous mass of false membrane. The whole pharynx is hidden from view. The pain on swallowing is so great that she has taken but little milk within the past twenty-four hours, and she complains of the severe pain occasioned by the constant efforts at hawking.

I applied a four-per-cent. solution of Merck's hydrochlorate of cocaine, prepared for me by Mr. R. McNeil, apothecary, in a cold, saturated solution of salicylic acid, as suggested by Dr. Squibb in his recent article in the *Ephemeris*. The application was made three times, at intervals of two minutes, and five minutes after the last application she drank a glassful of milk without any pain, holding the nose to prevent regurgitation, and cleared the throat of mucus with great relief.

The subsequent rapid improvement left no room for further trial of the drug.—*Phila. Med. News*, Dec. 27th.

Kairine in the Treatment of Yellow Fever.—Dr. Naegeli, of Rio de Janeiro, (*Berlin. klin. Woch.*,) states that, in seven severe cases of yellow fever treated with this drug, five patients recovered. He gave fifteen grains hourly so long as the temperature remained high. Even black vomit does not contra-indicate the use of kairine. He states that the delirium disappeared, the patients enjoyed a refreshing sleep, and convalescence was uninterrupted and rapid. Besides kairine, the patients received nothing but iced drinks.—*N. Y. Med. Jour.*, Dec. 27th.

Neutral Mixture for Fevers.—Professor Brinton speaks highly of the following neutral mixture in fevers of moderate type:

℞ Liquor. ammonii acetatis,
Liquor. potassii citratis . . . āā ʒ j.
Spiritus ætheris nitrosi,
Liquor. morphii sulphatis . . āā ʒ ss.

M. Sig. Two teaspoonfuls three or four times a day. If the fever is of a higher type, and the pulse full and bounding, tinctura aconiti radicis xii.–xxiv. may be added to the mixture with advantage.

—*Med. Bulletin*, Dec.

The Most Powerful Antiseptics.—Studied by their power to prevent the development of micro-organisms in sterilized broth, the biniodide of mercury stands at the head of the list of antiseptics. It is three times as strong as the bichloride. A solution of a $\frac{1}{40000}$ strength renders life impossible to any form of microbe, says M. Miguel, while of bichloride the strength must be $\frac{1}{12000}$. Iodide of silver is also more powerful than the bichloride of mercury.—*N. Y. Med. Record*, Dec. 13th.

Bromohydrate of Quinine—Hypodermics.—Of the preparations of quinine, Prof. Da Costa prefers, for hypodermatic injection, the bromohydrate, since it is readily dissolved in a little glycerine and water. It has, therefore, none of the irritating qualities of a solution in which an acid is employed.—*Col. and Clinical Record*, Dec.

Inflammatory Rheumatism—Bromide of Ammonium.—Prof. Da Costa recommends the use of the bromide of ammonium in the treatment of inflammatory rheumatism, since it diminishes the tendency to cardiac complications.—*Col. and Clinical Record*, Dec.

NEUROTIC.

Utilitarian Justification of Vivisection.—In another column we record the main outlines of a successful case of removal of a tumor from the brain. It may be well here to point out the chief steps in the process by which so desirable a result was enabled to be brought about. Certain symptoms running a definite course clearly pointed to disease of a particular portion of the cortex of one cerebral hemisphere. This is the main fact on which a discussion of the merits of vivisection on the ground of utility must turn. Could we without the aid of experimental pathology have arrived at the precise regional diagnosis of the disease? The answer to that question must be given in the negative. No doubt clinical observation and careful post-mortem examination may effect a good deal; but hardly, however, in the direction of the initiation of accurate knowledge in the region of neural physiology and pathology. It is but seldom that nature acting in the guise of disease distinctly affects definite functions of the brain or spinal cord. Moreover, however much clinical and pathological work may have been able to effect, it yet remains as a patent fact that though hundreds of years have been spent in the acquisition of medical knowledge, it was not until Ferrier and Hitzig's experiments that any thing like real knowledge was acquired on the subject of the localization of functions in the cerebral cortex. It is not ten years since good physiologists refused to admit that different parts of the brain subserved different purposes. Experimental pathology may, in the region of the cerebral cortex, be said to have been a royal road to the acquisition of accurate knowledge.—*London Lancet*, Dec. 20th.

Experimental Thyroidectomy. — Whilst the subject of the relations of the thyroid gland to myxœdema and allied affections is attracting so much attention both at home and abroad, it will be useful to give an abstract of the results of a series of experiments performed by Schiff, who is one of the foremost workers in this field of inquiry. All the animals from which the thyroid gland had been removed died within from four to twenty-seven days after the operation; and those animals that survived more than sixteen days died after the wound had completely healed. Somnolence and indifference, slowness and hesitation of volitional movements, fibrillar contractions of the muscles, alteration of the respiratory rhythm (so-called *respiration cardiaque*), sensations of itching of the skin, and diminution or disappearance of tactile sensation, were the chief phenomena observed. The excitable area of the brain did not react to the most powerful galvanic stimulation. As death approached, the arterial blood-pressure underwent an extraordinary fall, owing to the dilatation of blood-vessels. The muscular tremors disappeared on section of the motor nerves supplying the affected muscles. The symptoms observed in different animals varied considerably. Schiff has concluded that the thyroid gland exercises a great influence over the nutrition of the central nervous system.—*London Lancet*, Dec. 13th.

Central Monoplegia.—Dr. Suckling showed to the Midland Med. Soc. a man suffering from complete paralysis of the left arm. Eight years previously the patient had had a sunstroke on board ship; he fell from the deck into the stokehole. In falling he caught his left arm over a hand-rail, and dislocated his shoulder. He was unconscious for a considerable time after the fall. Dr. Suckling pointed out the great value of electricity in diagnosing the cause of the monoplegia, and was of opinion that it was due to a cerebral lesion, acquired at the time of the fall, in the region of the ascending frontal and ascending parietal convolutions on the right side. The following circumstances, in his opinion, proved the cerebral nature of the paralysis. 1. Faradism and galvanism to the nerves, motor points, and muscles of the left upper extremity showed only a slight diminution in response; there were no qualitative changes. 2. Sensation was perfect, and the reflexes were increased. 3. There was late rigidity in the muscles of the hand. 4. The man suffered from headache, especially in the right side, was deaf, but worse in the right ear, and also had attacks of vertigo.—*British Med. Jour.*, Dec. 20th.

Athetosis.—Dr. Stoney Walker showed to the Glasgow Pathological and Clinical Society a boy presenting the typical symptoms of this disease, which set in somewhat suddenly, two years ago, after a bath in very cold water. The left hand and arm became first affected; and, about three

weeks afterward, the boy began to drag the left leg, and to keep the heel raised. There was no previous loss of power. The speech, now clear, seemed at one time to have been affected. The condition had not improved; the personal and family history were very good. When sitting at rest, the left arm was kept extended and rigid, the wrist flexed, the fingers clenched, and the thumb pressed against the palm. At intervals, the fingers were alternately flexed and extended, but the thumb remained fixed, and the arm was slowly rotated upward and outward. These movements were exaggerated when the boy attempted to grasp an object, which he did suddenly, and then was unable to let it go. When he walked, the left leg was kept straight and rigid, with the foot everted, and at each step he gave a hitch. During sleep, the rigidity and movements were absent.—*British Med. Jour.*, Dec. 6th.

Tetanus Treated by Ether Spray.—Dr. Bouteillier has communicated to the *Progrès Médical* a case of traumatic tetanus and another of chorea treated successfully by him, with the application of ether spray in the spinal column. A man whilst driving struck his horse with the end of the reins, and received the *contrecoup* upon the third finger. A small wound, which bled profusely, was the result, and a week afterward cicatrization was complete. However, his business called him out again, and he had to make a long journey when the weather was very cold. On returning he felt great oppression, and two days afterward he could with difficulty open his mouth, and in the night of the same day he was seized with constriction in the chest every five minutes. When Dr. Bouteillier arrived, he found the patient motionless in his bed, the jaws tightly shut, and the lateral muscles of the neck contracted, opisthotonos well marked. A purgative was ordered, and pulverizations of ether on the spine every hour for five minutes at a time. The next day the patient was notably better. Calabar bean according to the formula of Watson was also administered. From this time the attacks diminished, and the ether spray was kept up every two hours for a few days longer, when the patient was considered entirely convalescent. The second case was no less striking. A boy, aged eleven, was suffering from well-marked chorea, for which he was treated with opium, bromide of potassium, arsenic, and calabar bean, for five weeks without the slightest advantage. It was then that the author thought of the treatment of Lubelski. Ether spray was applied to the spine morning and evening from three to five minutes at a time. The second day the boy was better, and at the end of a fortnight of the treatment all chronic symptoms had ceased, and never returned.—*Med. and Surg. Rep.*, Dec. 6th.

Acute Painful Paraplegia.—This is the name given by Dr. Dumolard, of Vizille, to a peculiar form of paraplegia observed by him in five patients, and described in the *Revue de Méd.* It begins by a sensation of pain and stiffness in the back, soon followed by the apparition of the same symptoms in the lower extremities, and sometimes in the arms. The pain increases gradually, and may become excruciating. Fever is unusual, and the general state of health remains good. The reflex movements are much increased; but the legs can only be moved with great difficulty by the patient, and there is often paresis of the bladder. After an acute period lasting from ten to fifteen days, the symptoms begin to disappear, and in four or five weeks the patient recovers entirely. Salicylate of soda and quinine have no influence over the disease. The best treatment seems to consist in blisters on the back, saline purgatives, and bromide of potassium. Dr. Dumolard thinks that this disease differs only in degree from the epidemic paraplegia observed fifteen years ago at Anzanno, in Spain, and described by Bockhammer.—*Med. and Surg. Rep.*, Dec. 13.

Locomotor Ataxy—New Symptom.—A symptom of incipient locomotor ataxy not seen or mentioned before, is that the patient has a considerable difficulty in walking backward. This faculty, which is chiefly practised and valued by courtiers, is nevertheless possessed by all ordinary mortals as long as they are in good health. For the tabid patient, however, it is mostly very difficult to walk backward, at a time when he may have very little or no trouble in walking forward. His heels seem to catch the ground; he dare not move, for fear of falling; and, if he succeed at all in walking backward, it is in a peculiarly halting and odd fashion, which at once attracts attention.—*Canadian Practitioner*, Dec.

Sunstroke Treated by Rectal Injection of Ipecacuanha.—Dr. Jos. Bancroft, (*Australian Medical Gazette,*) finding it difficult to administer medicines by the mouth in cases of sunstroke, as they may be drawn into the windpipe, and observing ing that cases which vomited made better recoveries than others, tried emetics, and found it easy to bring about vomiting by injecting ipecacuanha into the rectum. This he does by as soon as possible injecting into the bowels a drachm of ipecacuanha rubbed up in two ounces of water. After the injection he removes the whole of the dress from the chest and abdomen, and irrigates the surface with iced water in a watering-can so long as the temperature seems to require it; but, though the skin may be cooled, the thermometer will frequently indicate a body-heat of from 105° to 108°. Vomiting generally takes place within half an hour, and it is astonishing what a quantity of fluid is at times rejected.—*Jour. Amer. Med. Ass'n.*, Dec. 13th.

Diseases of the Ulnar Nerve.—Dr. Simon showed to the Birmingham and Midland Counties Branch, Pathological and Clinical Section, a girl with paralysis of the muscles of the hand supplied by the ulnar nerve. She fell on a piece of glass six weeks before coming under observation, injuring the left forearm about the middle. The scar was dense and very painful. She gradually lost the power of extension of the ring and little finger, while she could still extend the others to some degree. There was anæsthesia of the littte finger, and of the ulnar side of the ring-finger, and great atrophy of the interossei and muscles of the hypothenar eminence. An incision was made, and the cicatrix freed from the nerve, which was hard and dilated. The operation was attended by relief to the pain; but there was no improvement in the muscular power, in spite of the persistent use of galvanism.—*British Med. Jour.*, Dec. 13th.

Electric Shocks—Unique Source.—The *Scientific American* reports a curious case of a person receiving a severe electric shock whilst drawing water. At first it was thought the victim was the subject of paralysis or apoplexy, but the observation by the medical attendant that the inside of the thumb had been blistered raised a suspicion, which was confirmed upon another person trying the tap and receiving a similar, though milder, shock. Upon examination it was found that an electric-light wire had come into contact with a telegraph wire connected with the house, so that when the dynamo of the electric-light company was in operation, the current passed to the tinned roof of the house, the circuit being completed by the unfortunate person whilst drawing the water.—*London Med. Press*, Dec. 17th.

Apomorphine in Nervous Affections.—Dr. Weill (*Lyon Méd.*) has used this drug in several cases, and summarizes his results as follows: 1. The hydrochlorate, given hypodermically, in doses of from one thirtieth to one tenth of a grain, has a favorable action in various spasmodic affections, such as obstinate hiccough. 2. It also acts well in cases of a convulsive character, such as epilepsy and chorea. 3. By using the drug carefully, the sedative effects may be produced without the nauseating action.—*New York Med. Jour.*, Dec. 27th.

RESPIRATORY.

Tracheotomy. — Under the above heading, Dr. George W. Gay read an interesting paper at the annual meeting of the American Surgical Society in May last. Referring to the results of medical treatment of "pseudo-membranous laryngitis," he states that in the Boston City Hospital, to which upward of 400 cases of diphtheria have been admitted within the last eight years, "not a single case of pseudo-membranous laryngitis has ever recovered without an operation." Tracheotomy has been performed 118 times for this disease, and thirty-nine, or just one in three, have been successful. Dr. Gay has himself operated sixty-two times, with success in twenty cases. For these and other reasons Dr. Gay holds that tracheotomy is the best treatment for this disease, and should be resorted to early. He much prefers the high to the low operation, and has no fear of dividing either the cricoid cartilage or the isthmus of the thyroid body. In reference to clearing the bronchial tubes of blood or other secretions, he makes some remarks which are very apposite at the present time. He regards suction as both useless and highly dangerous, and points out that "it is a physical impossibility to suck any thing out of the trachea, unless air has a free ingress to supply the vacuum."

In such circumstances he forcibly inflates the lungs through the wound, and this is always attended with a forcible return current of air which closes the tubes far more efficiently than any possible suction. In a case mentioned where the bronchial tubes were full of blood, a catheter was inserted into the trachea, and air forcibly blown into the lungs, with the result of driving out a large quantity of blood. This plan is one that so long ago as 1867 was practised and recommended by Dr. H. J. Bigelow of Boston. He appears to have taught that the catheter should be passed beyond the blood clot or other obstruction, and that then the escape of the air blown in from the catheter would remove the blood, etc. No doubt this is desirable, but it is not always possible in cases of hemorrhage into the trachea; and we imagine that in such cases the distension of the lung is followed by such a powerful expiration that this method is of great value. Dr. Beach, in a paper in the *New York Medical Journal* of Nov. 1st, says that the Boston surgeons always carry a catheter in their case of tracheotomy instruments, and that they have complete confidence in this treatment. It is certainly to be preferred to any method based upon suction, not only because of its physiological merits, but because it is simple in its application, and quite devoid of danger.—*London Lancet*, Dec. 6th.

Ergotine in Diseases of the Lung, Especially Pneumonia.—The principal action of ergot is manifested on the unstriped muscular fibres, whose contractile power it excites. Hence it is used with advantage in diseases accompanied by vascular alterations (hemorrhage, congestion), or by paralysis of various muscular organs. In acute affections of the respiratory apparatus ergotine may be used; in intense bronchitis, especially when there is difficulty of expectoration, and in hæmoptysis, it empties the vessels and contracts the muscles of Reissessen. Its effects are excellent in certain complications of pneumonia, such as collateral congestion, and when the sputa are rather hemorrhagic than rusty. The dyspnœa is relieved and the temperature falls, expectoration is more easy, and the delirium is less. Pregnancy is not an absolute contra-indication to its employment, provided the dose is not excessive. In pulmonary engorgement, it may take the place of bleeding. It has little influence on the duration of the disease, which runs the same course; and if it shorten the illness, it is by correcting the complications. The indications for its employment are symptomatic, but the benefit derived from it when thus employed is incontestable. — *London Med. Record*, Dec.

Typhoid Pneumonia—Ether, Subcutaneously. — Prof. Bartholow is surprised that ether, subcutaneously, is not more frequently used to tide the case over the crisis in typhoid pneumonia. It should be given one, two, or three times in twenty-four hours.—*Col. and Clin. Record*, Dec.

Foreign Body in the Air-Passage, followed by Abscess in the Lung.—Mr. Bernard Pitts read a paper on the above subject at the West London Medico-Chirurgical Society. A boy, æt. nine, was brought to St. Thomas' Hospital on Dec. 29, 1880, in an insensible and asphyxiated condition. He had been seized with difficulty in breathing fifteen minutes before, while eating chestnuts. Tracheotomy was performed in the casualty room, the moment he was seen by Mr. Pitts. Hemorrhage was free, and no relief was afforded until a catheter was passed down the trachea. A foreign body was then suddenly coughed beyond the tracheal opening into the larynx, and the bleeding at once ceased, and air began to enter the chest freely. The foreign body, consisting of a portion of a chestnut about the size of a die, was easily extracted from the larynx by forceps introduced through the wound. The next day there were evident signs of the compaction of a further piece of chestnut in one of the divisions of the right bronchus, and an attempt under chloroform was made to dislodge it by inversion of the patient, but failed. The edges of the trachea were fastened by sutures to the margin of the skin wound. In a few days there were signs of the consolidation of the upper part of the right lung, and a condition resembling acute phthisis became established. High temperature, sweating, emaciation, copious expectoration of very offensive muco-purulent character, with the physical signs of a large cavity opposite the second intercostal space. The boy, however, made a good recovery, and after nearly three months' acute illness, left the hospital for a convalescent home. He was examined six

months later, and the cavity had contracted, and the boy regained his usual health, there being now no evidence of former mischief except a slight flattening at the second and third intercostal spaces on the right side of the chest. Mr. Pitts referred to other cases to show how soon abscess of lung may follow the obstruction of a bronchial tube by foreign body.

Dr. Thudichum referred to impaction of a tooth giving rise to consumption, ending in death, and Dr. Chapman to a case where a shot was impacted, giving rise to phthisical symptoms.

Mr. Pick referred to some remarkable cases, one especially. where a piece of tobacco pipe became impacted in the bronchus, the child breathing through it.

Dr. Beckingsale and Mr. Weiss mentioned cases, and Dr. Travers strongly recommended exploration of upper part of larynx by the finger before operating.

In reply to Mr. Pick, Mr. Pitts stated that no portion of the impacted piece of chestnut had been discovered in the sputum, but that it had probably slowly disintegrated.—*London Med. Press*, Dec. 17th.

Death from Trying to Suck out the Obstruction to the Tracheal Wound in Diphtheritic Laryngitis.—Dr. Samuel Rabbeth, Medical Office of the Royal Free Hospital in London, England, lost his life by the senseless practice of sucking the trachea of a child upon which he had operated for the relief of a laryngeal diphtheria. The child died and then the doctor. The number of victims to this practice is already so large as to call for an earnest endeavor to stop it. The worst is that only the best young medical men are thus lost. If some of the numskulls were destroyed in this manner it might be less occasion for lament. But such men keep their mouths away from the throats of diphtheritic patients.

Then it should be borne in mind that as the lungs form a closed cavity, more or less irregular, it is impossible to suck any thing out from its only opening. The proper way to do would be to force some air into the lungs by a Davidson's syringe, or some other measure as a soft catheter, inserted into the wound, and then the lungs inflated by the breath of the operator. The excitation of the lungs thus induced would usually suffice to bring about such a respiratory effort as to free the wound and trachea of all obstructing secretions. Besides, this would be entirely safe for the operator as well as patient. If a surgeon will only perform the experiment of placing his mouth over the mouth of a large bottle and try to suck out the contained air, we think he will be at once cured of the desire to suck out the foreign matter in the child's trachea with his mouth. In fact he will find it simply impossible to do more than reach the air at the immediate opening.—*Detroit Lancet*, Dec.

Minute Doses of Calomel in the Treatment of Pneumonia.—Dr. Droux de Chapois relates in *Bulletin Général de Thérapeutique*, vol. cviii., No. 2, 1884, several cases of pneumonia in which resolution was delayed for a very long time, where an excellent result was obtained by fractional doses of calomel ($\frac{1}{15}$ grain) repeated every hour. He advises a recourse being had to this treatment whenever, despite the ordinary remedies, the symptoms grow worse instead of better, when the tongue becomes dry, and when the skin imparts a sensation of great heat and dryness to the finger. He mixes one grain of calomel with a teaspoonful of powdered sugar, and after it has been thoroughly stirred for some minutes divides it into twenty-five powders. Within twenty-four, or at most forty-eight, hours, he states, the skin becomes damp, the temperature falls, the tongue becomes moist, and the oppression diminishes. Sometimes a liquid stool occurs after fifteen or twenty doses have been taken; when this occurs the dose is reduced to $\frac{1}{60}$ grain every hour. Sometimes no stool occurs, but colicky pains are complained of. In this case it is not necessary to withhold the drug, but only to give a little magnesia with it.—*N. Y. Med Record*, Dec. 20th.

Naso-Pharyngeal Fibroid.—At a meeting of the N. Y. Path. Soc. Dr. R. P. Lincoln showed a specimen, four inches in length and two in thickness, removed with a single application of the galvano-caustic wire. He related another case operated on by Willard Parker, where recurrence was of such extent and the patient so emaciated that several surgeons pronounced operation unjustifiable. Dr. Lincoln began treatment with electrolysis. After twenty-five sittings the tumor had become smaller and less vascular. He then removed the growth with the galvano-caustic loop, following this by galvano-caustic applications to the

stump on succeeding days. This in 1875. The patient completely recovered and is up to date without recurrence. All of which tends to prove that before old methods, such as slitting the nose or palate, removing or dislocating the upper jaw, tamponing the trachea, etc., preliminary to removing the fibroid are undertaken, it must be proved that the galvano-caustic method is not applicable.—*St. Louis Med. and Surg. Jour.*, Dec.

Stethoscopic Telephone. — Baron Larrey presented the Academy of Medicine, Paris at its last sitting with a sealed letter containing a detailed description of M. Gavoy's stethoscope. Although this communication has not yet been read, perhaps a few words about the functions of the instrument would not be out of place here. It is a miniature telephone, and sounds proceeding from the heart, lungs, or throat can be heard by its means without exaggeration or alteration in the tone, in distinct regular vibrations. Comparison with other stethoscopes shows that this is the best ever invented ; its small size, light weight, simplicity of management, and the remarkable precision with which it transmits the sound, all recommend it for practical use. Another advantage is that by its means the beating of the heart and pulse can be traced, and thus the organic lesions can be better determined.—*London Med. Press*, Dec. 17th.

Hydrochlorate of Cucaine * in Diseases of the Throat and Nose.—Morell Mackenzie, M.D., Physician to the Hospital for Diseases of the Throat, etc., writes : It may be interesting to know that I have found hydrochlorate of cucaine extremely useful in operations for the removal of nasal polypi. It is not enough to paint the growth itself, not even the parts immediately surrounding its base ; the solution should, as far as possible, be applied to the whole of the mucous lining of the nasal fossa. The remedy has also proved of service, in my hands, in those cases of laryngeal phthisis in which there is great odynophagia owing to swelling of the epiglottis. Patients, who before could swallow with extreme pain and difficulty, have been enabled to take food with perfect ease and comfort. The best time for swallowing appears to be about ten minutes after the application, whereas operations can be done after an interval of from three to five minutes. The difference is probably to be explained by the fact that in the former case the patient feels himself, at first, unable to make the attempt to swallow from the total abolition, locally, of all sensibility to nervous impressions. In all cases, the anæsthesia persists for about two hours. Apart from the restoration of the power of taking nourishment, much relief is given by the mere absence of pain. When it is remembered how much suffering is caused to patients with inflamed or ulcerated throats by the continual necessity of swallowing or coughing up the copious secretion which is so troublesome in these cases, it is a comfort to have at hand a remedy which renders these acts painless without in any way affecting the general system.

Both for the larynx and for the nose I have employed a twenty-per-cent. solution of the drug, made for me by Mr. Martindale. I think it likely that this, or a somewhat weaker preparation, would prove a valuable remedy in hay-fever, or might even prevent the attacks.—*British Med. Jour.*, Dec. 13th.

* Cocaine.

Inhalation of the Vapor of Glycerine.—Dr. Castle, of this city, writes concerning the abstract of an article in the *Revue Médicale* (*Medical Record*, October 11, 1884), which refers to the benefit to be derived from the inhalation of vapor of glycerine by patients suffering from a fatiguing or painful cough. He thinks there must be some mistake about this, for glycerine is not volatile at ordinary temperatures, and when vaporized in the manner described, without the presence of vapor of water, it is very apt to be decomposed and give off acreolin, which would prove any thing but comforting to the respiratory organs of the person subjected to the experiment.—*N. Y. Med. Record*, Dec. 6th.

Beech-Creasote in Pulmonary Affections.—Dr. Lasinée recommends a combination of creasote, balsam of tolu, and Norway tar in the treatment of pulmonary affections. He gives the following formula :

Pure beech-creasote . .	1 minim.
Purified Norway tar, Balsam of tolu, each . .	1.5 minim.

Inclose in a capsule. In incipient phthisis two such capsules should be given

morning and evening. In advanced cases the number of capsules may be increased to twelve daily.—*N. Y. Med. Jour.*, Dec. 27th.

Catarrhal Bronchitis.—

℞. Sodæ bicarb. . . .	ʒ i.
Ammon. (v. sodii) chlorid. .	gr. xxx.
Succus conii . . .	ʒ ij.
Spt. chloroform. . . .	♏cxx.
Aquam ad.	℥ vj.

M. Sig. Two tablepoonsfuls in hot water every six hours.

Also :—

℞. Copaibæ	ʒ ij.
Mucil. acaciæ . . .	ʒ vj.
Spt. chloroform. . . .	♏xxx.
Aq. camphoræ ad. . .	℥ vj.

M. Sig. Two tablepoonsfuls three times a day.

—*Med. Bulletin*, Dec.

Coryza—Tinct. Aconit. Fol.—One to three drops of tinct. aconit. fol. taken at bedtime will often arrest an incipient coryza, especially if the alimentary canal has been unloaded by an active cathartic. —*Med. Summary.*

CIRCULATORY.

Abuse of Tonics.—Dr. Alfred W. Perry, of San Francisco, Cal., writes: "The abuse of tonics is most notably seen in rather stout persons over forty years old. Such persons, without any serious organic disease, complain of weakness or fatigue after slight exertion, pains in the limbs, vertigo, and perhaps of shortness of breath; and as they are frequently rather pale, tonics and stimulants are prescribed for them. The appetite, and thereby, the body-weight, may be increased, but the symptoms complained of remain or are aggravated. Let us take up each symptom and analyze it. Normally fatigue is due, according to late researches of Voit and Pettenkoffer, to an accumulation in the muscle of the products of destructive metamorphosis (lactic acid, creotine acid, phosphate of potassium, sarcosine) produced by exercise, and partly to a decrease of the oxidizable muscular substance. By rest, normally, the blood current washes out these waste products, and the more nearly the blood approaches a standard healthy condition, the more quickly does this take place. The amount of food consumed by an adult should be just what is required to keep up an average body-weight (in proportion to height), and will vary with the work performed. An excess of food digested and absorbed produces a blood too rich, thick, and imperfectly oxidized. This condition is generally marked by a deposit of reddish urates in the urine when cooling. An addition to the blood in such a condition of large quantities of water (by drinking) enables it to dissolve more easily these waste-products of muscle, and so produces a feeling of renewed strength. Witness the increase of uterine action in labor after drinking freely of any kind of tea; the vigor produced in the plethoric or gouty by drinking freely any kind of mineral water, and using low diet; the undoubted benefit of the present fashion of drinking freely of hot water has the same explanation. The muscular pains are a slight kind of cramp or muscular rheumatism, which is, as Anstie (in his work on neuralgia) defines it, '*pain produced in a muscle obliged to work when its structure is imperfectly nourished or impaired by disease.*' The short breath depends on a relative insufficiency of the heart's action. The heart, without being at all diseased, is often incapable of maintaining the circulation properly with its incidental variations. Let us take the example of a man five feet eight inches in height, one hundred and fifty pounds in weight, and let him increase in weight to two hundred pounds while performing a moderate and perhaps a decreasing amount of labor. His heart is unable to propel the blood properly through the area of two hundred pounds of body-weight, involving about twenty-five per cent. more work, because the heart muscle has not increased in bulk and vigor at all. If this man's weight had increased while performing hard work, we might be sure that the cardiac muscle had grown in proportion. Any sustained increase of tension of the circulation causes a physiological hypertrophy of the heart. But where the body-weight increases with a decrease of labor, and an increase of food or alcoholic stimulants, we may be sure that there has been no physiological cardiac hypertrophy. The vertigo often met with in these cases may be the result of a cerebral anæmia. This when conjoined to pallor is usually an indication for tonics and iron. There is no poverty of the blood or general anæmia, the surface is pale from insufficient filling of the capillaries from want of heart vigor. The conditions above cited need a treat-

ment entirely opposed to a tonic one. They need alkalies to assist in breaking down tissue, plenty of water to carry away the broken-down tissues, and a little increase in exercise with a restricted diet."—*N. Y. Med. Record*, Dec. 27th.

Angina Pectoris — The Dietetic Factor.—N. A. Randolph, M. D., read the following to the Philadelphia Neurological Society: There has recently been under my care a patient suffering from true *angina*, in whom, as is not seldom the case, any slight gastric irritation constituted the immediate exciting cause of the frequently recurrent paroxysms.

After the last attack there existed an inability to retain the lightest and simplest foods, their ingestion inducing not only nausea, but much cardiac distress. Recourse was had, with advantage, to milk, partially digested by the commercial Extractum Pancreatis; but the flavor of the resultant preparation was unappetizing, and finally became repulsive to the patient, who whimsically described its taste as that of "stewed corpse."

To meet this emergency, there were devised two food products, which I have not seen described, and which, in practice, proved eminently satisfactory.

1. *Pancreatized Oysters.*—The oysters of an ordinary stew (containing milk) are removed and finely minced, then returned to the liquid portion of the stew. The whole is brought to a temperature of 100° F., the appropriate proportions of pancreatic extract and sodium bicarbonate are added, and the mixture maintained at the temperature mentioned for thirty minutes, with occasional stirring. It is then strained and served, and forms not only a highly nutritious and palatable soup, but one which is retained by very irritable stomachs, and utilized with a minimum of digestive power. After boiling, to prevent the further action of the digestive ferment, gelatine may be added, and the mixture served cold as a jelly. Cooked tomato, onion, celery, or other flavoring suited to the individual taste of the patient, may be added at the beginning of the artificial digestion, and the solid residue removed in the final process of straining, at which time it will be noticed that the minced oysters originally added have been in great part dissolved.

2. *Pancreatized Milk-toast.* — Ordinary milk-toast, in which there is an abundance of milk, when digested in the manner just described, becomes an almost homogeneous pulpy mass, which, when the crusts have been removed, is usually acceptably retained by the irritable stomach. In extreme cases, however, it may advantageously be strained and the fluid portion alone used, in which the partially peptonized solution of casein of the milk is reinforced by actually digested gluten and starch of the bread, together with a very little dextrin. Plain, light sponge-cake may be similarly digested, and occasionally forms a desirable change.

In conclusion, I would express the hope that these rather homely suggestions may prove of value in other hands, in extending the somewhat scanty bill of fare suited to patients suffering from gastric hyperæsthesia, and the various neurotic troubles of which such a condition may be the exciting cause.—*Med. and Surg. Rep.*, Dec. 27th.

Ascultatory Phenomena in Cases of Arterial Wound and Traumatic Aneurism. — The following conclusions, based on the results both of experiment and of clinical observation, are given in a contribution by Prof. E. v. Wahl, of Dorpat, to the *Deutsche Zeitschr. f. Chir.*, Band xxi. Heft 1 and 2. 1—In every case of partial division of a large artery, through which the blood still flows in a diminished stream, there may be made out on auscultation an intermittent blowing or rasping murmur isochronous with the pulse, which sound is most distinct at the seat of injury, and may be followed both upward and downward along the course of the artery, but always to a greater distance in the direction of the current of blood. In most of the cases of this kind, the pulse may still be felt below the seat of injury, though it is much weaker than that of the sound side. 2—When, in more extensive though still partial wound of the wall of a large arterial trunk—as in a stab or gunshot wound,—the effusion of blood is speedily arrested by clot, a periarterial hæmatoma of greater or less extent is formed, which usually does not pulsate, but has a distinctly audible murmur isochronous with the pulse. 3—In cases of complete division of a large artery with retraction and temporary closure of the ends, and of temporary closure by a thrombus of a partially divided artery—in every instance, in fact, of interruption of the current of blood,—there is no murmur to be

heard, but the wound of the artery may be positively determined from absence of pulse below the seat of injury.' 4—On re-opening of one of the retracted ends, whether central or peripheral, of a completely divided artery, there is developed in most cases a rapidly extending pulsatile hæmatoma, which has no murmur except when the vein also is wounded and arterial blood is poured into the venous circulation. According to von Wahl, if a surgeon can always diagnose with precision a wound of a large artery, although the main symptom of such injury—viz., hemorrhage—be absent, Guthrie's law, "that no operation should be performed on a wounded artery unless it bleeds, has for the future lost its validity. The period during which there is no hemorrhage ought to be utilized in order to remove any risk of secondary bleeding, which was the cause of death in from 60 to 80 per cent. of the collected cases of arterial wounds. In this period of arrest the surgeon, it is held, should expose the wounded vessel and apply a double ligature. This can be done now under favorable conditions, and at the same time the recently effused blood can be cleared away. —*London Med. Record*, Dec.

Tricuspid Stenosis.—In reviewing the general facts of tricuspid stenosis *apropos* of a case of his own, M. Chauffard (*Revue de méd.*) points out that the only two signs in life we are likely to get of its presence are (1) the existence of extreme venous congestion in the neck without a venous pulse, and (2) presystolic and systolic murmur which culminates over the junction of the xiphoid cartilage with the sternum, and which is by this position and its harshness and superficiality to be distinguished from the murmur of mitral stenosis. With regard to the general conditions of tricuspid stenosis, M. Chauffard is in agreement with nearly all authors, viz.: that it is almost always found in women, in forty-one cases out of forty-six (Fenwick), in adult life; and accompanied by other endocardial lesions, especially by mitral stenosis. In only half the cases does rheumatism seem to have been coexistent; it has been the result of a slow endocarditis, widespread and not vegetative, which has glued the bases of the valves together and made them contract. In only one case does it seem to have been congenital.—*London Practitioner*, Dec.

Reduced Iron in the Treatment of Anæmia.—John W. Martin, M.D., Sheffield, writes: For some time past, having used this preparation of iron, I have been greatly pleased with the results obtained. I doubt if it is as widely used as it ought to be. It certainly justifies the claims made for it in "Squire's Companion in the British Pharmacopœia," in which it is said to be "one of the most powerful remedies in restoring the condition of the blood in all anæmic states of the system." It is chiefly employed in chlorosis, amenorrhœa, chorea, and enlargement of the spleen following intermittent fever. With the exception of those cases due to nursing as a cause of the impoverishment of the blood, the cases in which I have found this form of iron most serviceable are those of young girls, and women with chlorotic tendencies, and in women who have reached the change of life, in whom, beyond an unexplainable failure in the powers of nutrition, no organic disease is discoverable. The change for the better that has followed the administration of the drug in these cases has, in many instances, been so rapid and so entirely satisfactory as to seem marvellous. The benefit has declared itself within forty-eight hours, and the patients have steadily progressed to convalescence without change of treatment. Patients in whom there may exist a tendency to constipation of the bowels must have this tendency corrected, and in my experience this may be best done by ordering the following mixture:

℞	Mag. sulph.	ʒ j.
	Mag. carb.	ʒ ij.
	Tr. nucis vom.	♏xl.
	Sp. am. aromat.	ʒ ij.
	Tr. cardamomi	ʒ ij.
	Aquæ menth. pip.	ad ʒ viij.
M.	ʒ j. bis die.	

In mild cases I order a small piece of ginger to be infused over night in a tumbler of boiling water, and when prepared, two teaspoonfuls of salts (Epsom) to be dissolved in the infusion; the whole to be taken the first thing in the morning. These measures usually prove most successful in regulating the condition of the bowels. The following is the form of pill I usually prescribe, varying of course the ingredients, and the strength of their dosage, as circumstances may demand:

℞	Fer. redact.	grs. iiss.
	Ext. nucis vom.	gr. ½.
	Ext. quassiæ	q. s.
M.	Ft. pil., mitte xii.	

Sig.—One to be taken three times a day at meal times.

In some cases, especially where nerve symptoms predominate, I find the combination of the phosphide of zinc in one-twelfth-grain doses with the above most useful. There are few things in life pleasanter than to see the patient to whom we are called, and who at our first visit presents a blanched appearance of the skin, lips, gums, and tongue, looks languid and tired, complains of headache, palpitation, and dyspnœa on exertion, lassitude, anorexia, and in the case of a woman, of painful and scanty menstruation, with more or less leucorrhœa, under the effects of the treatment proposed rapidly presenting a very altered condition of vitality, a condition the very antithesis of that just described.—*London Med.. Press*, Dec. 3d.

Four Chlorides.—In the formula for the "four chlorides," page 157, September number (and page 446, ANALECTIC, vol. i.), substitute the drachm sign for the ounce sign in indicating the quantity of liq. arsenici chloridi, second line of formula.—*Med. World*, Dec.

Damage to the Heart from the Inhalation of Nitrous Oxide.—Dr. W. Ottley records a case in which an existing valvular lesion was unfavorably influenced by the administration of nitrous-oxide gas. The patient was a young woman who had suffered from rheumatic fever, and was left with slight mitral lesion. There was a faint murmur at times, hard to hear; the heart was but little enlarged, and there were no functional disturbances. On two occasions this patient took the gas, in order to escape the pain attending the extraction of teeth. The first time there was no trouble; the second time, a few days later, so much dyspnœa and cardiac irregularity were developed that the administration of the gas had to be suspended. Subsequently the patient suffered from palpitation and dyspnœa; the heart was found acting irregularly, and the murmur was very much louder. This case is interesting from its rarity, the gas having been given indiscriminately with surprisingly few accidents.—*N. Y. Med. Jour.*

Cardiac Debility.—Professor Seeligmüller, of Halle, presented a communication upon this subject at the fifty-seventh annual meeting of the German Science Association. The author pictured the group of symptoms usually called cardiac neurasthenia, as follows: After a period of cardiac disturbance, palpitation, pain in the precordial region, there ensues a condition of general weakness, expressed by fatigue after slight exertion, insomnia, forgetfulness, and distraction, and a depression of spirits. At the same time, despite a good appetite, sometimes even boulimia, there is a falling away in nutrition, the extremities are cold, and there is at times a feeling of formication. In the absence of any organic changes, the author was inclined to refer these symptoms to anomalies of innervation, especially as they occurred most frequently after psychical disturbances, as prolonged sexual excitement, severe mental labor, combined with broken rest, etc. Rest, warm baths, good nourishing food, sea or mountain air, and quinine in small doses, often exerted a favorable effect.

Dr. Wagner spoke of the difficulty of diagnosis at the first examination in these cases. In all heart affections where there were no apparent physical disturbances, especially in those of advanced years, disease of the coronary arteries should be suspected. The speaker had seen cases similar to those described by the author of the paper in women who had borne many children or who suffered from certain forms of uterine disease. This condition was caused in those cases by an overloading of the abdominal organs with blood, and was much benefited by wearing an abdominal supporter.—*N. Y. Med. Rocord*, Dec. 20th.

Hazeline as a Hæmostatic Agent.—Mr. J. Gunning records the case of a young lady, aged thirteen, who suffered from excessive menstruation, and for whom the author prescribed ergot, gallic acid, sulphuric acid, etc., without giving relief. He then tried half-drachm doses of hazeline every four hours. After taking four doses the discharge ceased, and did not return. A case is also recorded where after injury the first joint of the thumb had been constantly bleeding every three or four days for a month. The wound was then washed with a lotion of hazeline and water in equal parts, and a piece of lint soaked in hazeline applied. In four days the wound had completely healed. Subsequent observers deny that hazeline has any marked value in menorrhagia, being far inferior to bromide of potassium.—*London Med. Record*, Dec.

Caffein a Substitute for Digitalis.—In the *Wien. med. Blätter*, Professor Riegel, of Giessen, writes recommending caffein as a substitute for digitalis in cardiac affections. He has tried it in several cases, chiefly in the form of a double salt of soda, and has found it of great service. It regulates the heart's action, diminishing the frequency while it increases the volume of the pulse, and increases the urinary secretion. It is suitable for all cases in which digitalis is indicated, and it sometimes succeeds where the better-known remedy fails. Its action is also more prompt than that of digitalis, and it has no cumulative effect. It is most efficacious when given in repeated small doses.—*London Med. Record*, Dec.

ALIMENTARY.

Ichthyosis of the Tongue, with Malignant Degeneration.—Mr. C. Coppinger, Academy of Medicine in Ireland, brought forward a case of so-called ichthyosis or leucoma of the tongue, and exhibited the organ itself, which he had excised by the method adopted by Mr. Whitehead. He also showed microscopic sections of an old papillary growth which existed, and of a more recent and distinct patch of disease, which had undergone degeneration, and was the seat of a typical epithelial cancer. The patient from whom the tongue was removed was a man aged 63. The old disease was a simple papilloma, which had existed for five years, and had never ulcerated or caused pain; and there was no reason to look upon it as of a malignant nature. The sections of it nevertheless exhibited the globe-nests or pearls which were until recently described as characteristic of epithelial cancer, and the simple pressure of which had been much relied on by surgeons in doubtful ulcers of the tongue. These epithelial whorls or nests were evidences only of epithelial proliferation, and not of that heterologous growth of epithelial elements which was really pathognomonic of epithelioma. Their presence in a tumor was, therefore, no proof of its malignancy. The excision was performed ten days ago. The tongue was divided a short distance in front of the epiglottis, behind the range of circumvallate papillæ, and fully an inch behind the posterior margin of the epithelial ulcer. The lingual artery on the left side was very small, and did not require a ligature; but that on the right side was unusually large—a circumstance often noticeable even in the healthy organ, but which, in this case, was probably due to the increased vascularity of that side from the irritation of the ulcer. The operation was unattended with difficulty or serious bleeding. There was no subsequent hemorrhage or constitutional disturbance. The patient could now swallow food well; so that this, the first trial in Ireland of Mr. Whitehead's method of excision, had proved satisfactory. —*British Med. Jour.*, Nov. 24th.

New Form of Inflammation of the Tongue.—Prof. F. Massei, *Rivista Clin. e Terap.*, vi., 1, has observed in a woman, 48 years of age, a peculiar form of inflammation of the tongue, which, until now, has not been described. It consists of a flat round swelling at the base of the tongue, which is surrounded by a ring of swollen mucous membrane. The surface of the tumor is slightly hollow, and at the periphery beset by numerous unequal elevations on the apices of many of which are purulent points. The papillæ circumvallatæ are swollen. The suspicion of gumma or epithelioma is set aside by the absence of any glandular swelling and the diagnosis of an acute circumscribed inflammation accepted. The affection healed under indifferent treatment in a few days. The author calls this form *Glossitis follicularis basica*, and considers the process as an angina—analogous to angina tonsillaris, only that here the inflammation has attacked the mucous membrane of the follicles at the base of the tongue.—*Glasgow Med. Jour.*, Nov.

Affections of the Gum in Relation to Other Diseases.—Dr. Kaczorowski (*Przeglad Lekarski*, Nos. 28 and 29, 1884, and *Vratch*, No. 32, 1884) draws attention to a connection existing between gingival affections and certain other diseases. In four of his cases chronic gingivitis caused the occurrence of hallucinations, melancholia, nervous excitement, and insanity. Extraction of destroyed teeth and appropriate treatment of the foul gums were followed, in each of the cases, by restoration of health of the nervous system. Further, the author saw several instances where affection of the gum led to general septicæmia. He thinks generally that premature senile debility of the organism may often depend upon dental caries, leading to

absorption into the system of septic products of slow decomposition.—*London Med. Record*, Nov.

Glandular Hypertrophy at the Base of the Tongue—Influence Exerted on the Singing Voice.—Dr. Holbrook Curtis details three cases in singers. In each case the voice was incapable of prolonged exertion, or became completely lost, or emitted false notes, so that they were compelled to abandon the stage. One had not spoken aloud for three months. Dull pain existed in the throat. In all three the nose, pharynx, and larynx were normal, but there existed immense hypertrophy of the glands at the back of the tongue, in one case quite obliterating the glosso-epiglottic sinuses. Cure followed extirpation with snare and galvano-caustic.—*N. Y. Med. Jour.*, Dec.

Liver Atrophy — Phosphorus.—In acute yellow atrophy of the liver Prof. Bartholow advocates the use of very small doses of phosphorus, at as early a period as possible, since an action of antagonism may be discovered between the remedy and the organ, phosphorus acting specifically upon the liver.—*Col. and Clin. Record*, Dec.

Gastritis Favosa. — A pathological specimen of unique character was brought before the Vienna Imperial and Royal Society of Physicians, on the 28th of November, by Professor Kundrat. It was a stomach taken from a patient who had suffered for some time with favus universalis. The disease had given rise to an abscess of the thigh, and the case had ended fatally in consequence of a severe gastro-intestinal disorder, marked by an uncontrollable diarrhœa.

The mucous membrane of the stomach showed numerous erosions mingled with diphtheritic swellings, while some foul putrescent masses and much mucus were found in the intestines.

The learned professor on seeing the specimen at once declared the lesion of the mucous membrane to be due to favus, and a microscopic examination confirmed the diagnosis by demonstrating the presence of the achorion Schönleinii in the so-called diphtheritic swellings. It is stated that the naked-eye appearances of the gastric mucous membrane closely resembled the characteristic favus cups of the skin. But little of the fungus was found in the bowel, and it was the opinion of Professor Kaposi that the micro-organism had been destroyed by putrefaction in this situation.

The case had, at a previous meeting of the Society, been exhibited as a rare example of favus universalis, the disease having taken possession of the entire cutaneous surface, and the finger-nails.

This remarkable freak of the favus fungus, which has hitherto been looked upon as a cutaneous parasite only, and incapable of extending its ravages to the mucous-lined cavities of the body, excited the wonder of the assembled savants, and gave rise to considerable discussion.

Professor Croker, of the Vienna Hospital for Animals, testified that he had never seen a like manifestation of the disease in cats, notwithstanding the fact that these animals frequently eat rats whose skins are infested with tinea favosa.

Professor Bamberger believed that in this case the gastric mucous membrane must have been in a peculiarly unhealthy state, which made it for the time a nidus for the growth of the fungus.

This would seem to be the first recorded case of favus disease in the stomach and intestines, though doubtless it has often occurred unnoticed in patients suffering with this loathsome blight. The fact that such a serious extension of the disease is possible, gives to favus an importance of great moment, and suggests precautions in management and treatment never before thought necessary. — *Louv. Med. News*, Dec. 27th.

A Danger in Gastrostomy.—In the *Brit. Med. Jour.* for December 6, 1884, may be found the record of a case of gastrostomy in which Mr. Barrow transfixed the entire thickness of the stomach with two harelip pins, inserted half an inch apart, through which the exposed portion of the organ was maintained in position without resorting to sutures, the pins lying transversely across the superficial wound. Among the advantages claimed for this procedure is that "the pressure of the pins as they rest on the abdominal wall, together with the traction they exert on the stomach, insure very perfect apposition of the peritoneal surfaces, and firmly maintain this contact in spite of vomiting." In the discussion which followed the presentation of the case, Mr. Pearce Gould commended the plan recommended by Mr. Barrow, but no reference

was made to the evil consequences which might result from its adoption.

There are two serious objections to this not novel procedure, which should prevent it from being carried out by other surgeons. The first is that the serous and muscular coats of the stomach alone should be penetrated, with the view to obviate the danger of the escape of the contents of the organ into the peritoneal cavity, and the setting up of peritonitis. In a case recorded by Volkmann such an extravasation did take place through the suture punctures, and the patient died of peritonitis in thirty-two hours. The second objection is that the traction exerted upon the stomach is liable to be followed by phlegmon of the viscus, as actually happened in two cases under the charge of Schönborn, the patients perishing, respectively, on the fourth and twentieth day. In view of these dangers, fixation of the stomach in the wound by pins should not be imitated, but non-penetrating sutures should be resorted to, their safety being established by a large experience.—*Phila. Med. News*, Dec. 27th.

Concretions in the Pancreas.—Dr. Crowden reported this case to the Cambridge Medical Society :

W. B. C., married, aged fifty, robust and of temperate habits, consulted him in 1880. giving the following history : About his twenty-fifth year, he suffered from scrofulous glands in the neck, for which he underwent a long course of iodide of potassium. Two years later he suffered occasionally in the morning from great pain in the epigastrium ; the attacks soon became paroxysmal, and were considered to arise from indigestion. These increased in frequency and severity, chiefly during defæcation, and were accompanied with peculiar emotional phenomena. Sometimes the process lasted from one to three hours, during which he had frequent recourse to laudanum and brandy ; at the conclusion he usually passed a few drops of glairy mucus from the bowel, with the simultaneous shedding of a few tears. When seen during the paroxysm his countenance was pallid, and bathed with perspiration, expressing the greatest agony. Before his death, which occurred suddenly, he became very restless and exhausted. At no time were there any physical signs. The post-mortem examination revealed a hard substance near the centre of the pancreas. The head appeared natural; but extending from about the middle of the body, a line of prominences could be seen running along the long axis to the tail, accompanied by great structural change. Some of these masses were very pointed, denuded, and projected under the areolar tissue and peritoneal covering. The lower part consisted of one amorphous mass of concretions, without any soft gland-structure. The peritoneum and wall of the stomach close to the sharp points were acutely inflamed, but there was no effusion. The concretions consisted of carbonate and phosphate of lime. Dr. Crowden alluded to the scantiness of the literature on pancreatic concretions, and remarked on the absence of symptoms in his case. He thought probably the emotional phenomena might be due to reflex irritation of the alimentary canal. The sudden death he referred to the injury to the peritoneum by the sharp projection.

Professor MacAlister related the case of a lady, aged eighty, in whom the symptoms of intermittent pain at the epigastrium, with emotional phenomena, existed for fifteen years. The case resembled in many points that of Dr. Crowden ; and, at the necropsy, there was found a spindle-celled sarcoma of the head of the pancreas, but no concretions.—*Brit. Med. Jour.*, Nov. 15th.

Adipose Diarrhœa.—This was the name given to a case by Dr. Allen, of Rensselaer County, who described it before the first annual meeting of the New York State Medical Association. The patient was about sixty years of age. The stools were not very fluid, but contained matter looking like melted fat. There was pain at umbilicus, and borborygmi just before the stools. The patient had three or four movements a day, the odor of which was unbearable. The fæces presented bundles of fasciculi surrounded by fat ; appetite variable. Pepsine and pancreatine, āā gr. v., t. i. d., and an opiate, constituted the treatment. For diet: soft-boiled rice, milk, toast, and tea. Under this treatment there was less adipose matter in the stools. There was coldness of extremities noticed to be present. The patient improved, but had a relapse from eating pork. He grew rapidly worse, and sank into a deep stupor ; urine partially suppressed, and an examination showed one quarter part sugar, one sixth albumen, with epithelium, hyaline

casts, and broken-down blood corpuscles. The patient died in coma and no autopsy was permitted. The case was presented to the association as a remarkable one.—*Med. and Surg. Rep.*, Dec. 27th.

Dysentery—Bismuth.—Dr. Waxham speaks highly of the use of bismuth in rectal injection in dysentery, as it greatly abridges the ordinary course of the disease. From ten to twenty grains are administered with mucilage and water after each evacuation; and when not sufficing to control the frequent stools, a little laudanum is added. —*Med. and Surg. Rep.*, Dec. 13th.

Should Hemorrhoids be Operated on when Inflamed?—Before the Kentucky State Medical Society at its recent session, held at Bowling Green, Prof. J. M. Mathews, of Louisville, addressing himself to this question, said:

"From a variety of causes, piles are liable to become inflamed, and once inflamed they may easily become strangulated by passage below the sphincter. Every thing is aggravated in this condition, and it may take some weeks to quiet the trouble. It has occurred to me, why not operate upon and get rid of them at once? There is no authority that says 'operate upon a pile during the inflamed state,' but they will tell you to apply treatment to reduce the inflammation. I want to state one or two cases. A few weeks ago I was called to a lawyer who was in this condition. The family physician in attendance had tried in vain to quiet inflammatory action for two or three weeks. I found, hanging down from the anus, two solid tumors; I passed the knife around them and ligated them. I visited him the following morning, expecting to find him in some trouble. To my satisfaction he was out of the house in one week's time. Another case: A young man had a mass of inflamed tumors hanging from him, larger than my fist. It would have taken several weeks to abate the inflammatory trouble, and I ligated the whole mass. I went to see him the next morning. I was told by the people at the house that he had rested well all night, and got up early in the morning and went out. They sent for him, but he could not be found. Three days later I received a postal from Cairo, Ill., saying that he was far on his way home and was all right. When he got home he wrote me that he was entirely well. Since then I have had, I suppose, five or six cases of similar character, in which the proceedings and results were similar. I have therefore concluded that instead of applying remedies to relieve the inflammation in the tumors, they should be operated on at once." —*Med. Age*, Dec. 10th.

Elimination of Mercury. — When mercury enters the system by inunction, it has been found by Schuster regularly in relatively large proportion in the fæces; and it was found here nearly six months after the completion of the mercurial course. In all the cases in which its presence was detected in the urine it was likewise met with in the fæces, but the converse was frequently found not to occur. Elimination of mercury by the fæces may therefore be regarded as regular and continuous, although very slow in its progress. —*London Med. Record*, Dec.

URO-GENITAL.

Professor Frerichs on Diabetes. —The comprehensive work of Frerichs on diabetes forms the most valuable recent contribution to the literature of the subject. A summary of the author's views is given in the *Centralblatt für die Medizinischen Wissenschaften*, No. 41, 1884. The author distinguishes three principal varieties of glycosuria.

1. Glycosuria after poisons, which constantly occurs after poisoning by curare, carbonic oxide, amyl nitrite, ortho-nitrophenyl-proprionic acid, and methyl-delphinin. It occasionally occurs after large quantities of morphia, chloral hydrate, hydrocyanic acid, sulphuric acid, mercury, and alcohol. Glycosuria after infectious diseases is allied to the above; *e. g.*, cholera, anthrax, diphtheria, typhoid fever, scarlatina, and malaria. In the last-named disease it was only found once in several hundred cases. The appearance of a copper-reducing substance in the urine, observed by different authors after the introduction of various substances into the body, does not rest on the presence of sugar.

2. Glycosuria from digestive derangements. While, as a rule, in healthy persons the ingestion of large quantities of sugar does not cause glycosuria, exceptional cases occur, in which even small quantities

have this result. Apart from this, glycosuria is found occasionally in connection with gastric catarrh, especially in those who inherit a gouty disposition. It chiefly occurs during the intervals of gouty attacks. Experiments on the introduction of sugar in cases of phosphorus-poisoning, cirrhosis of the liver, and portal obstruction, gave only negative results as to the presence of sugar in the urine.

3. Glycosuria from nervous derangement. This includes glycosuria after psychic excitation, neuralgia, cerebral disturbance, injuries of the head and spinal column, and, finally, cerebral hemorrhage and cerebro-spinal meningitis.

Diabetes mellitus is distinguished from glycosuria by the appearance of extensive derangements of the tissue-changes generally, which lead to general deterioration, to many local diseases, and usually to death. In speaking of the results of diabetes, twelve cases of cure are given. It often passes into some other grave disease —nephritis, diabetes insipidus, arterial sclerosis, and their consequences. But death is far the most frequent result; and, of 250 fatal cases of the author's, eighteen died from exhaustion, thirty-four from phthisis, seven from pneumonia (four of these with gangrene of the lungs), eight from nephritis, seven from carbuncle, and nine from complications (six of these from cancer). In all the other cases symptoms of cerebral paralysis appeared, in ten from hemorrhage, in two from softening, in three from cerebro-spinal meningitis, and in the rest from coma without local alterations within the skull. Fifty-five cases are reported, together with their necropsies. Passing over the causes, immediate and predisposing, of diabetes, we come to the treatment, which is not so powerless as is often assumed, for the author has had cases under treatment for ten years up to eighteen years, and one case for twenty years. A proper mental and bodily diet is of the greatest importance, and muscular exercise carefully conducted is most beneficial. Milk was found unfavorable, especially Donkin's treatment by skimmed milk. Many alkaline waters were found very useful (Carlsbad, Neuenahr, Vichy), when taken at these places. Among narcotics, opium is important, as it often lessens thirst, urine, and sugar, while the body-weight increases. As to the experience, usually negative, of many so-called specifics, lactic acid had no result, and glycerine was harmful. Salicylic acid, salicylate of soda, and iodoform deserve further trial. All weakening influences and cutaneous irritants are to be avoided.—*N. Y. Med. Rccord*, Dec. 27th.

Regularly Intermittent Albuminuria.—Falkenheim narrates (*Deutsches Archiv für klinische Med.*) a very interesting case in which the urine passed during the day was perfectly normal, while that of the night was albuminous. Both liver and spleen were enlarged, the latter conspicuously so, but there was no ascites, and there was no change in the blood. Further observations showed that albumen was only present when the patient kept his bed, and that the posture influenced the albuminuria. When he lay on his back or on his right side there was no albumen; when he lay on his left side there was a great deal of albumen; and when he lay on his face there was none. Careful investigation of the case put it beyond doubt that the albuminuria was caused by the pressure of the enlarged spleen on the left renal vein. —*Edinburgh Med. Jour.*, Dec.

Naphthaline in Cystitis.—For the last three years Professor Rossbach, of Jena, has employed naphthaline in all cases of chronic intestinal catarrh, with or without ulceration, attended by chronic diarrhœa, and in all cases the stools in the course of from five to fifteen days become of normal frequency and consistence. Some of the naphthaline given passes over into the urine, and the effect in the case of urinary trouble was noted to be exceedingly favorable. Pus, blood, and vibriones quickly disappear from the urine after its administration. It was given in doses of 2 to 3 grm. per day. After half a grain daily the appetite was often improved.—*Medical Press*.

Simple Method of Washing out the Bladder.—Mr. Buckston Browne describes a simple method by which a patient can wash out his own bladder. A diagram is given which helps to explain the action of the instrument. A simple bifurcated brass tube, without valve or stopcock, has one end fixed to a Higginson's syringe; he nozzle is fixed at the other end to at catheter in the bladder. The fluid is gently injected into the bladder by squeezing the

ball of the syringe, whilst a finger is placed over the open end of the bifurcated tube; when the finger is removed the contents of the bladder escape, or fresh injections can be made into the bladder, and then allowed to flow away at pleasure. By this means a patient is able to wash out his own bladder with ease. The brass nozzle is made by Messrs. Weiss & Son, Strand.—*London Med. Record*, Dec.

Cystitis—Intravesical Injections—New Method.—C. W. Robbins, M.D., Marinette, Wis., writes: Some three years ago, I was called upon to treat a case of gonorrhœal cystitis in a young man. The case was aggravated and chronic; it had already existed seven weeks, and persisted for ten days longer in my hands without improvement with the usual remedies and rectal suppositories. The urine showed, on standing, a large amount of pus and mucus. In bulk the sediment was about one fourth of the whole amount of urine in bottle (a four-ounce bottle full). Having no instrument for injecting the bladder, I decided to try a Davidson syringe and inject directly into the bladder per urethra. I first injected warm salt-water into my own bladder to test the feasibility of the plan. The fluid passed in nicely, halting only for two minutes at the sphincter. I then, the next time my patient came, injected his bladder with a solution (100°F.) of potassium chlorate and permanganic acid, injecting ten ounces of the fluid, *without causing my patient the slightest pain or discomfort.* The patient held the fluid about one minute, and the injection was repeated. In all, the bladder was thoroughly washed out four times at this sitting. The same treatment was practised the next day, and again on the following day, with the result of curing my patient entirely in the three days. At least, all symptoms disappeared, and my patient had no relapse. I have only had two similar cases to treat since, in both of which the resulting cure was rapid and permanent; one case being cured in three sittings and the other in five sittings. The injection used is the one I have always used in gonorrhœa.

As I use it, it is *entirely unirritating*. I use from one to three drachms of the permanganic acid to a half-saturated solution of potassium chlorate, ℥ xvj. The permanganic acid I made myself after the following formula:

℞ Potass. permanganate . . grs. ix.
Aqua destil. . . . . ℥ j.
Solve et adde
Sulphuric acid, C. P . . . ♏iij.

This is not strictly a permanganic-acid solution, but it will do.—*N. Y. Med. Record*, Dec. 27th.

Circumcision—Cocaine as a Local Anæsthetic. — Owen Pritchard, M.D., Southwick Street, Hyde Park, W., writes: In spite of all that has lately been written about cocaine, we have probably much more to learn of the valuable properties of this drug as a local anæsthetic. Last evening I had occasion to recommend circumcision upon a patient, aged twenty-three, who had come to consult me in the surgery. Having explained to him the nature of the new drug, he readily consented to give it a trial. A four-per-cent. solution of the hydrochlorate of cocaine was made in distilled water, and of this four minims were injected through the foreskin at four different points—one in the dorsum, one near the frænum, and one on either side,—altogether sixteen minims. In about twelve minutes anæsthesia was complete all round, and with the assistance of Mr. R. B Hughes, of University College, the operation was performed, the patient watching the proceedings with considerable interest, and being greatly surprised at feeling no pain whatever after the pricking of the needle for the hypodermic injection. It will be observed that rather a large quantity was injected, yet, so far as we could make out, no constitutional effects whatever were produced upon the patient, and the local effects lasted long enough for the man to walk home and go to sleep without feeling any pain. This morning, however, he tells me that he awoke twice in the night with pain. I have never before performed this operation without chloroform, the administration of which must always involve some risk and a very considerable amount of trouble—*London Lancet*, Dec. 27th.

Stone in the Bladder—Hydrangea.—J. M. Armstrong, M.D., Colony, Knox County, Mo., writes: I have had under my care a case that possesses features of interest. Five or six years ago I was called to see Mrs. R., age about thirty-eight, symptoms denoting stone in the bladder, which was verified by exploration.

Assisted by several physicians, we suc-

ceeded in extracting a large calculus. Her health remained fairly good up to this spring, when she again commenced suffering severe aching pains in her kidneys, accompanied by considerable general irritation of the urinary organs, and ascites, probably resulting therefrom; vainly seeking relief by the advice of friends in the use of certain well-known patent medicines, much of which had been used before medical attendance was sought. A careful examination of the bladder revealed no stone, but suspecting one in the kidneys, I prescribed Lambert's Lithiated Hydrangea in one- or two-drachm doses fourtimes daily, and before eight ounces had been taken, more than twenty small calculi were passed, having the appearance of being components of one calculus dissolved and disintegrated. So far as the pain in the kidneys was concerned, her relief was immediate, and the dropsical condition materially improved. This relief continues permanent, and indicates the efficacy of Lithiated Hydrangea in such extreme cases, as well as in all morbid urinary conditions, for it has never yet failed in my hands.—*Peoria Med. Monthly.*

Capillary Puncture of the Urinary Bladder.—Rosenberger advocates (*Centralblatt für Chir.*) this mode of treatment wherever it seems desirable to submit the urethra to a rest-treatment—for instance, in case of stricture, hemorrhage, prostatic affections, etc. In the case of strictures, even those which are permeable improve much more rapidly when they are subjected to this mode of treatment. In one case a capillary tube was passed twice daily from the anus, and the bladder washed out through it, without any reactionary fever being set up. Contrasted with the old operation, in which a large and powerful trocar was employed, its results are greatly superior, and the death-rate, especially amongst older people, much diminished.—*London Practicioner*, Dec.

The Bicycle and the Genitals.—The following is from an article by Dr. S. A. Strahan in the *London Lancet:* He does not condemn bicycling altogether, but when indulged in constantly, and especially when the course traversed is rough or hilly, he holds that it leads to serious disorders. In the case of growing boys, he declares that the amount of pressure upon the perineum directly affects the prostate, the muscles of the bulb, and indeed the whole generative system. "The pelvis," he says, "is flexed upon the thighs or rolled forward. This rolling forward of the pelvis is slight in easy riding, and very marked in fast riding and hill climbing. Now, when the body and pelvis are bent forward, the ischial tuberosities are raised from the saddle, and the whole weight of the body, save what is transmitted to the pedal by the extended leg, is thrown upon the perineum."

This results, he says, in irritation and congestion of the prostate and surrounding parts, tends to exhaust and atrophy the delicate muscles of the perineum, and leads to early impotence. Many cases could be cited where races have become almost totally impotent from immoderate equitation, as the Tartars, and partially so, from the same cause, the Indians.—*Medical Age*, Dec. 10th.

Urea Not a Cause of Uræmia.—Dr. Peabody, at the N. Y. Pathological Soc., said that at the last meeting of the society he had expressed the opinion that too much stress had been laid upon urea as a cause of uræmia, his opinion being based more or less upon observations in the lower animals. Dr. Seguin had been of a similar belief, but spoke of experiments recently made, from which it would seem that uræmic symptoms might be produced in the lower animals by the injection of urea into the blood. Dr. Seguin had since informed Dr. Peabody where he could gain access to the records of the experiments to which he had referred, and Dr. Peabody took occasion to show to the society that it would require, according to the amount of urea necessary in these experiments to produce death by injection into the circulation of the dog, one pound and a half of urea to produce a fatal result in man. But it had been shown that in a man of one hundred and fifty pounds' weight, dying of uræmia occurring in the course of kidney disease, the blood contained only nine one-thousandths of a pound of urea. There might be apparent fallacies in this manner of drawing conclusions, but he thought it showed very conclusively that such experiments upon animals could give us little useful information as to the cause of uræmia in man. The injection into the blood of benzoate of sodium or of sulphate of sodium, agents which were not in them-

selves poisonous, would likewise produce uræmic symptoms. The experiments cited went no further than to show that the injection of a certain amount of any foreign substance into the circulation would produce death; they did not show that uræmia was due to the presence of urea in the circulation. He had seen several fatal cases in which there had been entire suppression of the urine, but none of the so-called uræmic symptoms.—*N. Y. Med. Jour.*, Dec. 27th.

Treatment of Polyuria. — Lunin (*Jahrb. f. Kinderheilk.*) reports a confirmed case of polyuria in which the daily amount of urine was reduced within a week from eight to five litres by seven-grain doses of salicylate of sodium. Valerian was then given (an infusion of the root, one part to twenty of water), with the result of further reducing the amount to two litres and a half. Within three weeks the amount of urine fell almost to the normal, and there was a decided improvement in the general condition of the patient.—*N. Y. Med. Jour.*, Dec. 20th.

Gravel—Hippurate of Lithium.—Poulet continues his article on the hippurates, to which we lately called attention. He recommends the following preparation in the treatment of gravel:

Carbonate of lithium . .	40 grains
Hippuric acid	9 drachms
Warm water	30 ounces
Sugar	40 "

By the resulting reaction hippurate of lithium is formed, and each teaspoonful of the mixture will contain four grains of that salt.—*N. Y. Med. Jour.*, Dec. 27th.

Spermatorrhœa—Monobromide of Camphor.—The monobromide of camphor has been highly lauded for the cure of spermatorrhœa. Dr. L. J. Fogel, calling attention to it, says that he had under his care for the past three months two cases of spermatorrhœa, the subjects being old masturbators, at respectively nineteen and twenty-one years.

Had administered a host of the usual remedies with no satisfactory results; finally, placed them upon the monobromide of camphor, in two- to three-grain doses, four times daily, with prompt effect and perfect cures. Deem this remedy as especially adapted to old-standing cases where the seminal emissions are dependent upon a morbid and relaxed condition of the generative organs.—*Medical Summary*, Dec.

Spermatorrhœa and Impotency.—Dr. Livezey, Yardley, Pa., says: The following is the best recipe that I have tested, effecting a cure generally in two or three to six weeks:

℞	Tr. nucis vom.,	
	Tr. cinchonæ . . .	ää ʒ i.
	Tr. ferri chlorid. . . .	ʒ iij.
	Fld. ext. ergot.	℥ i.
	Acid. phosph. dil. . . .	℥ iij.

Dose.—30 gtt. in wineglass of water *ter die.*

The patient must abstain from all stimulants, avoid all sexual excitements and all undue exercise of strength; sleeping on a hard bed in a well-ventilated room, etc.

It is good also in premature emissions in coitus.—*Southern Clinic*, Dec.

VENEREAL.

Mediate Syphilitic Infection in Glass-Blowers. — Dr. Bernard, at the Liverpool Medical Institution, related brief histories of four cases of this accident. The cases all presented themselves for treatment within the space of three months, the first in August of the present year, and they all worked under one roof. In every case the lips were the seats of sores and the submaxillary glands were enlarged, whilst the penis was free from disease, and the inguinal glands were unaffected. The speaker then referred to Lancereaux's mention of the subject, and suggested that each workman should have and use his own blow-pipe, as was the case in France, that the possibility of such accidents might be avoided.—*London Med. Press*, Dec. 17th.

Chancre—Peculiar Case of Infection.—Dr. E. Lesser, of Leipsic, reported the following case in the *Viertelsjahrsch. f. Dermat. u. Syph.*, 1, 2, 1884:

In consequence of a cut, a young girl had a small wound on the anterior surface of the right forearm. To try the rapid healing generally induced by iodoform, some of it in powder form was brushed over the wound with a camel's-hair brush, which, as was later discovered, had been used on the previous day on a patient suffering from soft chancre. Two days later the wound of the girl had changed to a deep ulcer of the size of a pea, and its appearance as well as further progress com-

pletely harmonized with those of a soft chancre.

The case teaches us to be careful with those of our instruments, may they be brushes, probangs, scissors, knives, or any thing else, which we employ in cases of specific ulcerations. It would be safer if physicians would keep a special set of instruments for cases of syphilis, and it is only remarkable that not oftener an infection is caused in such a manner. Regarding lunar caustic, which, perhaps, of all things used in a physician's office, is the one most likely to be promiscuously employed, it has never yet been determined whether the specific virus, where in contact with the virus, is effectually destroyed or not, though we may presume that it is.—*Med. and Surg. Rep.*, Dec. 6th.

Syphilis after Rape.—Mr. F. W. Lowndes (*Liverpool Med. and Surg. Jour.*, 1884, p. 299) publishes an instructive case of syphilis in a girl, aged fourteen, the result of a criminal assault by a man imbued with the superstition, common among the lower orders, that sexual intercourse with a virgin is a cure for gonorrhœal and syphilitic diseases.—*London Med. Record*, Dec.

Treatment of the Soft Chancre by Iodoform.—Unna finds that for the present no remedy heals the soft chancre more rapidly than iodoform, and none with such certainty obviates the occurrence of a suppurating bubo. The drawback is the peculiar and suggestive odor which no combination serves entirely or permanently to mask. One cause of the diffusion of the odor is the custom of employing iodoform in powder; too much, more than necessary, is thus applied, and the powder is apt to be deposited on the clothes during or after application. He therefore advises that iodoform dissolved in ether be used. The sore is first dried with absorbent cotton, then a drop of the iodoform ether allowed to fall on the sore, and the evaporation of the ether favored by blowing on it with a hand-ball bellows. Thus a thin coating of iodoform is deposited exactly on the ulcer. Over the ulcer so coated he places a small piece of perforated iodoform plaster muslin, which has been brought to perfection as regards its preparation by Beiersdorf, Altona. If this appears too thin, a circular band of the same can be wound round the penis, or a strip applied if the ulcer is seated elsewhere. Lastly, to conceal the smell, a piece of cotton-wool, perfumed by means of a spirituous solution of cumarin, is placed over all. If desirable, this wool can be sprayed over with some volatile aromatic fluid. When the ulcer occurs in the meatus urinarius, he supplies the patient with a pencil of iodoform composed as follows:

℞	Iodoformi	10.0
	Gummi Arabici	3.0
	Gummi tragacanthæ . . .	1.0
	Glycerini	1.0
	Aq., *q. suff.*	

Misci fiat bacilli, No. 5.

These are kept in a little wooden box. After voiding urine, the pencil, made pointed, is dipped in water and several times introduced with a screwing motion into the meatus. A small piece of the perfumed wool is now passed in between the lips, and a larger piece wrapped round the glans. Unna further remarks that these pencils serve as valuable prophylactics against infection from gonorrhœa or soft sore.—*Edinburgh Med. Jour.*, Dec.

Syphilitic Hemiplegia.—The report of an interesting case of hemiplegia dependent upon syphilis is given in a recent number of the *Gazette des Hôpitaux*. The chief interest attaching to the case is that it is one of hemiplegia during secondary syphilis, the great majority of such cases occurring in the tertiary stage of the disease. Since attention has been so well and so ably directed to the syphilitic lesions of the nervous system, confirmatory clinical cases have proven so abundant that the following principle is almost worthy of universal adoption: "All hemiplegias, appearing in subjects under forty years, not affected by alcoholism or lesions of the circulatory system, are, in eight cases out of ten, syphilitic in origin." The number and variety of neuroses that syphilis may cause are great, and Legrand du Saulle has elaborated quite a considerable number of these.—*St. Louis Med. and Surg. Jour.*, Dec.

Therapeutic Use of the Local Antisyphilitic Action of Mercury.—Professor Koebner, of Berlin, read a paper on the above subject at the late meeting of the German Scientific Association. The author related a number of instances showing the value of mercury locally applied, either endermically or hypodermically, in syphilitic affections. In the former case the mercury acted by direct absorption through

the skin, and not through the inhalation of mercurial vapor, as was supposed by Kirchgässer. The speaker urged a more general employment of the local or regional application of the drug in connection with its internal administration. Whenever, after the general treatment of syphilis, there remain any indurations either of the primary sore, of the neighboring glands, or of any of the tissues, we must seek to cure them by the local application of mercury. In this way we get rid of future centres of infection. Thus the occipital and cervical mastoid glands, which are usually passed by, should be treated for a long time by mercury endermically, the applications being interrupted from time to time in order to obviate the liability to inflammation of the skin and consequent impediment to absorption. Of course in such cases it must first be determined that the enlarged glands are not due to some local irritation within their lymphatic district, as, for example, when the glands of the neck are enlarged by reason of ulcerations in the poserior nasal region. The author, after trying various preparations, found that the most effectual as well as the least irritating was freshly prepared ointment of the gray oxide.—*New York Med. Record*, Dec. 20th.

Syphilitic Rupia.—In the Pennsylvania Hospital, service of Dr. Levis, the following is the prescription most relied upon in cases of syphilitic rupia and kindred skin manifestations: Hydrarg. protiod., ½ grain; tannic acid, 1 grain; made into a pill and given three times a day. The dosage of mercury is gradually increased until the gums are slightly touched. The treatment should be kept up for a year or more, occasionally reducing the dose, or omitting the medication for two or three weeks at a time. Where there are ulcerations, the local treatment consists in poulticing until the crusts are removed, after which dilute ointment of nitrate of mercury is applied to the sores.—*National Druggist*, Dec.

Gleet—Anointed Metal Bougies.—Dr. Hudson describes a method of treating gleet by means of metal bougies anointed with carbolic oil, iodoform, and resin ointment, or iodide of sulphur ointment. The bougie was retained *in situ* for from twenty minutes to four hours, and passed at first every four days, and afterwards weekly, till a cure was effected. He had used the method in eighty-eight cases, and more than fifty had been cured. He attributed the success to the long-continued application of the drug, and the paralyzing influence of the bougie on the urethral muscle.—*London Lancet*, Nov.

OPHTHALMIC.

Caution in the Use of Cocaine.—Prof Knapp writes:—Will you allow me to add a word of caution to the communication on "Cocaine" which I sent you a week ago. I injected six minims of a four-per-cent. solution into the orbit, close to the posterior segment of the eyeball. The anæsthesia in that part was complete, and the operation and recovery of the patient were without any disturbance. During the operation I noticed that the patient's face became quite pale. I omitted to mention this in my communication, as the patient did not complain. To-day, likewise, at the University College Clinic, I injected five minims of a three-per-cent. solution underneath a sebaceous tumor, the size of a small walnut, situated in the centre of the upper lid. The anæsthesia was almost complete, and the somewhat laborious operation passed satisfactorily, but during it the patient became as pale as a corpse, felt somewhat faint, asked repeatedly for drink, and was covered with cold perspiration. In about fifteen minutes this condition of distress, which was, however, in no way alarming, disappeared. Though much larger doses—Hepburn, Hall, etc.—have been hypodermically injected before general symptons manifested themselves, I think that five or six minims of a three-per-cent. solution may be too much for the orbit. The orbital cellular tissue is so vascular that it resembles cavernous tissue. Liquids injected into it may enter the general circulation more readily than from other parts. In further operations I shall inject no more than one or two minims, and gradually feel my way.—*N. Y. Med. Record*, Dec. 13th.

Irritable, Gouty, or "Hot Eye."—Mr. Jonathan Hutchinson says:

There is a condition to which, for want of a better name, I have for long been in the habit of recognizing as "hot eye." It is one of the many curious phenomena which attend quiet gout. I use the term quiet gout as distinct from acutely parox-

ysmal gout. In families liable to gout, for one person who becomes the subject of acute attacks of podagra, what is known as unequivocal gout, there are often half a dozen who are the subjects of minor symptoms which denote a similar tendency. In them, the tendency never rises to sufficient height to induce a severe and characteristic paroxysm. They are nevertheless liable, after taking beer or wine injudiciously, as to quantity or quality, to experience slight pricking pains in joints, attended by lithic acid in the urine, and other unmistakable signs of the diathesis. In many, these symptoms occur in such invariable associations with the causes suggested, that it is not possible to doubt as to their nature. The liability varies with the weather and time of year, and it often ends, unless precautions be taken, in a sharp attack in the great toe. The term suppressed gout, or, better, undeclared gout, is often used in reference to it; but, since it is simply a minor form of the disease, not in any way suppressed, and certainly not to trained observers undeclared, I prefer the term quiet. Amongst the frequent occurrences which denote its presence are repeated short attacks of congestion of the eye. Usually one only is affected, but sometimes both. The conjunctiva becomes red, and the eyeball feels hot, and pricks, as if sand were in it. The attack may come on within half an hour of the meal which has disagreed, and it may last a few hours, or a day or two. Sometimes, owing to interference with the ciliary muscle, vision is slightly dim, and all attempts at accommodation are usually painful. Those who are liable to hot eye not unfrequently in the end suffer from iritis; indeed, it is not unfrequently an introductory stage to that disease. On the other hand, many are liable for years to very frequent attacks of it, without apparently any risk of its assuming more serious proportions. In the intervals of the attacks the eye is usually quite well; and it is indeed its definitely paroxysmal character, its sudden development, and very complete and rapid disappearance, which especially mark its arthritic relationship.

In connection with this subject, it may be noted that, not unfrequently, those who suffer from unequivocal gout, experience shoots of sharp pain in the eyeballs, the nature of which they well understand. A man, William B., aged fifty-one, who had suffered much from gout, and whose father, and four of his father's brothers, had complained much of this kind of pain, yet had never had iritis. When he was gouty, he said, he frequenty had "darts of pain through the middle of each eyeball," and occasionally across the bridge of the nose.

A further practical note I must ask leave to make. It is to the effect that many cases of irritable hyperæsthetic and easily tired eyes in young persons are in association with inherited gout. I feel sure that, in some of these cases, we are in the present day in danger of pushing the recommendation of spectacles to an excess. Some slight degree of hypermetropia may be detected, and it is assumed to explain the irritability of the eye. Yet glasses do no good, and in fact only increase the irritation. In such cases, very often, the real malady is inherited gout.—*British Med. Jour.*, Nov. 22d.

Tuberculosis of the Eye. — The *Revue Médicale*, October 18, 1884, gives the case of a child who, eight weeks after an injury to the eye, showed cheesy masses on the conjunctiva near the external canthus. On microscopical examination they were found to be tubercular infiltrations. The same journal also contains the following general remarks regarding ocular tuberculosis. The eye may be invaded by tubercle either primarily or secondarily. Every part of the organ where vascular tissue occurs may become the seat of tubercle. Thus it has been found in the iris, choroid, conjunctiva, and once or twice primary tubercle has been observed in the retina. The ciliary body may also be invaded by primary or secondary tubercle, the latter usually following a tubercular granuloma of the iris.—*N. Y. Med. Record*, Dec. 20th.

Atrophy of Optic Nerves, Treated by Hypodermic Injections of Nitrate of Pilocarpine.—A man who had for a long voyage been exposed to a vapor-charged atmosphere, whose temperature ranged from 110° to 120°, but in whom there was no history of syphilis, rheumatism, excessive smoking, or sexual excesses, complained of a disinclination for work, took no interest in any thing, and ate but little. He had no pain in the head, no diplopia, was not sick, did not vomit, and did not experience loss of sensation in any

part of the body. After landing from his voyage, he observed a dimness coming over his sight, which gradually increased. For twenty-one months he was treated with phosphorus and strychnia, phosphoric acid and tincture of the chloride of iron, with friction on the forehead with compound camphor liniment, all without avail. Finally, Dr. David McKeown, who reports the case in the *Brit. Med. Jour.*, November 8, 1884, decided to give hypodermic injections of the nitrate of pilocarpine (ranging from $\frac{2}{30}$ to $\frac{1}{2}$ grain) daily. Under this treatment the improvement was marked, and Dr. McK. concludes by saying: "This seemingly hopeless case, which has, by what is certainly not a recognized method of treatment, given a most gratifying result, suggests the following conclusions: 1. There are probably some cases of atrophy of the optic nerve in which the hypodermic injection of pilocarpine would prove a valuable addition to the recognized methods of treatment. 2. These injections may, in suitable cases, be continued daily, for a long time, without lowering the patient's health. 3. Strychnine and pilocarpine may be administered subcutaneously at the same time." —*Med. and Surg. Rep.*, Dec. 20th.

Operation for Granular Eyelids.—A long memoir on this subject, which is the *bête noire* of ophthalmologists, has lately been contributed to the *Recueil d'Ophthalmologie* of M. Galezowski by Dr. Vouckchevitch, and this observer strongly recommends the excision of a flap from the conjunctival fold on the following grounds: that no specific remedy has yet been discovered for granular lids—that is to say, for true trachoma; that caustics, astringents, and antiseptics, are quite ineffectual in removing the granulation; that inoculation with blennorrhagic pus can only be employed in a few properly selected cases, especially those in which pannus is present; that jequirity (the seed of the *Abrus precatorius*) has not as yet been sufficiently studied to enable any positive statement of its value to be made; and even if the two last-mentioned remedies are sometimes successful, it seems that they cure the complications of granular lids rather than the granulations themselves; that the abrasion of the granulations recommended by some authors, as by M. Heissrath, is not unlikely to cause troublesome malformations of the lids; that most ophthalmic surgeons admit that the granulations are more numerous in the *culs de sac* than in other regions; that in consequence of their position, and of the anatomical relations of the eyelids to the globe, they are very difficult to attack by ordinary caustics; that excision of the *cul de sac* heals old granulations; and lastly, that their excision leaves no troublesome deformity of the eyelid, and is an operation that can be performed with ease. There cannot be a doubt, however, that much care should be exercised in regard to the size of the flap that is removed. It should not be too large, and the operation should not be undertaken till the usual and more simple methods of treatment have been fairly tried. — *London Practitioner*, Dec.

Cocaine in Combination with Atropine in the Treatment of Certain Diseases of the Eye.—D. C. Lloyd Owen, F.R.C.S.I., Surgeon to the Eye Hospital, Birmingham, writes: The use of cocaine, as a local anæsthetic in operations upon the eye, has now become so general, and its value so firmly established, that no further evidence on that point is needed. The relief given in keratitis, and especially in those cases in which pain and photophobia are leading symptoms, is undoubtedly great; but the effect does not appear to be of long duration.

I was therefore led to try a combination of it with atropia, in the proportion of equal parts of an eight-per-cent. solution of hydrochlorate of cocaine and of the liquor atropiæ sulphatis, (*B. P.*). With this combination I have found immediate and enduring relief given in keratitis and corneal ulcer, and also in sclero-conjunctivitis and iritis. The effect is more quickly produced, and more marked, than that of atropine alone, and the relief more lasting than that of cocaine.

The fact that the physiological actions of these drugs are, in some respects, similar, leads me to hope that this may be found a sound and useful combination.—*British Med. Jour.*, Dec. 13th.

Dislocation of Lens.—Mr. Priestley Smith exhibited a boy, aged eight, to the Midland Medical Society, whose left crystalline lens had become dislocated spontaneously on to the front surface of the iris. It was perfectly transparent, and presented the bright golden reflex from

the margin always visible in such cases. It retained a partial attachment to the suspensory ligament. The cause of the displacement was a congenital imperfection in the suspensory ligament, and this was present in the other eye also. The dislocated lens had, a few days previously, fallen backward through the pupil, while the eye was under examination, and had for a while been retained there by the use of eserine. It had now again fallen forward, and would probably have to be removed by operation. — *British Med. Jour.*, Dec. 20th.

Reflex Action of the Digestive Organs upon Vision.—Dr. Rampoldi (*Annalidi Ottamologia, Recueil d'Ophthalmologie*) describes several cases illustrating the reflex action of the digestive organs upon the visual apparatus, one of which is particularly striking. It is the case of a young girl, twenty-two years of age, who was taken suddenly with complete blindness of the left eye, followed three days later by a very decided amblyopia of the other eye. The patient had suffered for two years from tænia solium. An external examination of the eyes showed a mydriasis of the left eye, which was so marked as to appear as if atropine had been instilled repeatedly. The pupil was completely motionless to light. The pupillary dilatation was less on the other side, where a feeble reaction to light persisted. Visual acuteness was 0 on the left, greatly reduced on the right. On ophthalmoscopic examination ischæmia of the whole fundus of the eye, with increase in the size of the veins, was determined. The patient complained of lancinating pains at all the points of emergence of the branches of the fifth pair of nerves, and even at the point of emergence of the occipital nerve. Servellani's tænifuge (?) was administered. After two or three days there was marked amelioration of vision, which returned to its normal state in about five days. But the worm was only partly expelled.—*Jour. Amer. Med. Ass'n*, Dec. 6th.

Spray of Muriate of Cocaine in Iridectomy.—Dr. Eugene Smith, of Detroit, Mich., writes: "Having, during the past three weeks, proved the value of the muriate of cocaine as a local anæsthetic in strabismus by six operations, in congenital and cortical cataract by four operations, and in iridectomy by three operations, besides several minor operations on the cornea, I wish to lay before the readers of *The Medical Record* two points in its use which seem to render it more efficient. I apply it in the form of spray with a hand atomizer, and get a more rapid effect, as the movements of the lids and the lachrymal secretion do not carry off the solution as quickly as when dropped into the conjunctival sac.

"In my first case of iridectomy with cocaine, while the cornea was insensitive, the iris was unaffected by the external application, and its seizure with the forceps was, as usual, quite painful. In two cases of iridectomy, both nervous females, five minutes after spraying the cornea and conjunctiva I made the corneal incision without pain, then injected, by means of a small lachrymal syringe, two (2) drops of the two-per-cent. solution into the anterior chamber, and three minutes later seized the iris with the forceps, drew it out, and completed the operation without causing pain to the patient.

"No reaction followed its intra-ocular use."—*N. Y. Med. Record*, Dec. 13th.

AURAL.

Otorrhœa.—Purulent discharge from the ear is one of the most common symptoms of aural disease. Otorrhœa comes on gradually with little pain, and although the smell from the discharge is sometimes very offensive, it is frequently allowed to continue for months. As one of the causes of otorrhœa we may mention catarrhal condition of the meatus and tympanum, in which inflammation may spread to the mastoid cells, and finally the brain. The prominent symptoms are rigors, tongue very furred, rapid pulse, increase of temperature, and pain and swelling of the parts around the ear, which parts assume an erysipelatous appearance. The history of an illustrative case is given in which a strumous child, aged six years, had an inflammation of the meatus and tympanum of left ear, which spread to the mastoid region, producing an abscess. This was repeated several times, when finally a polypus was discovered in the meatus, which was removed by the wire snare. Eventually there was recovery in the mastoid region, but the membrana tympani was perforated, and hearing de-

stroyed. Many cases of mastoid inflammation ought not to go on to suppuration if properly treated. The plan of treatment adopted on detecting pain or tenderness over the mastoid region and around the ear is, first to paint a strong solution of nitrate of silver (3 ss to. ℥ j.), or several layers of equal parts of tincture iodi and lini. iodi, or with pot. iodi cum sapone, having previously applied leeches if much swelling and redness exist, and subsequently follow up the treatment with warm fomentations or poultices containing a little opium. As regards the treatment of otorrhœa by dry powders, the plan adopted is to cleanse and dry the ear well with a piece of cotton-wool twisted upon the end of a grooved ear probe, then with an insufflator introduce into the meatus whatever powder seems suitable for the case; a small quantity of cotton-wool is then lightly placed in the meatus to prevent the powder falling out. This treatment is renewed night and morning. The practice of stuffing the meatus with various powerful astringent powders, pushing the powder firmly in by means of some small instrument, and then closely packing with cotton, cannot be free from danger. The various powders used are boracic, tannic, and gallic acid, alum, iron-alum, copper, lead, zinc, and so forth. If the wet treatment is preferred, the various astringents may be used; boracic acid in the proportion of one drachm of the acid to an ounce of rectified spirit makes a very nice lotion, or carbolic acid and sulphate of zinc, four grains of each to an ounce of water, or a saturated solution of boracic acid in hot glycerine, or glycerite of tannic acid. The following are a few good lotions:

℞	Acid. carbol.	gr. iv.
	Sodæ bicarb.	gr. xij.
	Sodæ bibor.	gr. xij.
	Glycerini	ʒ ss.
	Aquam, q.s. ad.	℥ i.

Ft. lot. ad aurem.

℞	Zinc. oxid,	
	Bismuth. oxid.	āā gr. v.
	Glycerini	ʒ ss.
	Aquam, ad	℥ i.

In connection with the above treatment great benefit will be obtained by the use of the Politzer bag.—(Kinnier.)—*Amer. Jour. Obst.*, Nov.

Limited Caries of the Fundus a Frequent Cause of Obstinate Otorrhœa.—E. Woakes, of London, writes: Certain otorrhœas are very rebellious, and the most approved treatment often fails. In such cases a careful examination of the ear will reveal the presence of granulations on or adjacent to the tympanic membrane. This granulating tissue has its origin in the tympanal cavity; in touching it with a probe a light sensation of rugosity is felt, which indicates that one is not in the presence of a simple hypertrophy of the mucosa, but of a limited caries or necrosis of the osseous parts. This explains the persistence of otorrhœa, when the treatment is only directed to the proliferation of the soft parts, while the subjacent caries is entirely overlooked.

In order to combat this condition of things, Mr. W. has recourse to a diluted solution of sulphurous acid, which, almost invariably, has given him good results in the last five years.

The rationale of its action appears to be that, when maintained in contact with the carious surface, the dilute sulphurous acid dissolves the earthy salts of the minute spiculæ of dead bone which project from the carious surface, and against which the probe grates when touched by it. Also it removes the discharge from and disinfects the surface producing these necrotic spiculæ, and by its stimulating influence induces a healthy action, which rapidly ends in cicatrization.

He prescribes a lotion consisting of sulphurous acid one part, water three parts, to be poured warm into the ear, after cleansing, and to be retained *in situ* for half an hour by lying in a suitable posture during this period. This application to be repeated three times a day.—*St. Louis M. and S. Jour.*, Dec.

Auricular Vertigo—Surgical Operation.—Weber Liel recommended, and has practised for a long time already, the section of the tensor tympani muscle as an extremely efficient means of treatment for certain attacks of vertigo due to ear-disorder. The following case (*Monatsschrift für Ohrenheilkunde*, 1883, No. 11) demonstrates very conclusively the value of this treatment in proper cases. A man forty-four years of age, a clerk, suffered from intense degree of vertigo, weakness of hearing, and tinnitus, supposed to be the result of a blow on the head received in a fall while drunk. He could not walk even a few steps without staggering. Examination showed that the only appreciable

lesions were in the auditory canal and the tympanic membrane of the right ear. Nothing was present to indicate that a cerebral cause for the vertigo existed. Rarefaction of the air diminished the tinnitus and the vertigo. Weber Liel then performed tenotomy by section of the anterior portion of the tympanic membrane. The success was immediate and striking. The patient was able to execute all the movements of the head rapidly and in all directions, turn in a circle, etc., without experiencing the slightest disagreeable sensation. Moreover, the noises in his ear, which had been so annoying as to keep him awake at night, became so much softer that they were quiet bearable; and later it was found that his hearing had notably improved. The operation was performed in 1879, and the vertigo has never returned since that time.—*Phila. Med. Times*, Dec. 27.

Otalgia and Dental Caries.—Cases of otalgia and inflammation of the ear were presented by Dr. Sexton to the physicians attending the aural clinical instruction given by the School of Ophthalmology, Otology, and Laryngology of the New York Eye and Ear Infirmary; others were taken from the clinical records. The experience of the clinic shows that among the poor earache is, in many instances, due to simple otalgia from dental caries. Sometimes it is found that even when otalgia is very severe indeed, no signs of hyperæmia or of inflammation are to be found in any part of the ear. Again, in certain chronic or acute inflammatory processes present in the ear, very great exasperation of the case is manifestly produced by the reflex agencies already alluded to.

In commenting on this subject, Dr. Sexton drew attention to the frequent attendance of females suffering from aural trouble through sympathy of the nerves, and the comparative infrequency of the complaint among men; even in children, he thought the greater number of otalgias occurred among females. In reference to the treatment of these cases, it was believed that since dentistry had become such a popular business, and dead and diseased teeth had been so carefully retained in the jaws through their influence, especially among the better-to-do, nervous diseases about the head were becoming alarmingly common. The very general custom of wearing false teeth attached to vulcanite, rubber, celluloid, and other plates, was also an evil of vast proportions. Indeed, he sometimes thought that the evil done through ill-advised dentistry was greater than the possible good arising from the work of the more capable dentists.—*Amer. Med. Jour.*, Dec.

DERMAL.

Lupus—Permang. Potash.—In the clinic of Dr. Schultz (Krenznach) for skin diseases, patients affected with lupus are treated in the following manner, as we learn from a report published by Dr. Ritter in the *Allg. Med. Centr. Zeit.*, 53, 1884.

A ten-per-cent. watery solution of permanganate of potash is brushed with a camel's-hair brush on the diseased skin, until a thin black crust has formed. This procedure is repeated daily or every second day; if the latter, according to the sensitiveness of the patient, either simple cerate or a salve made of one part permanganate of potash to twenty parts of fat, is employed on the free day. Under this very little painful treatment the nodules are gradually softened, so that the whole lupus tissue can finally be wiped off with cotton. This mode of treatment usually reaches the desired result within from eight to ten weeks, but the course may be greatly shortened by scraping off the diseased epidermis with a sharp spoon. The scars, which form under this procedure, are characterized by their thinness and smoothness. Relapses are rare, and rapidly yield to the same method of treatment, which in lupus erythematosus has been employed with the same uniform success. In cases of universal lupus, besides the local application of permanganate of potash by aid of the brush, the same remedy is also added to the baths, which the patient receives daily or every second day. Here about two and a half drachms of the drug are added to each bath.

The treatment of lupus at this clinic has gained such a reputation that patients suffering from it come a great distance to be cured, and all are astonished at the rapidity of success and the mildness of the method. They usually are patients who were afraid of the knife.—*Med. and Surg. Rep.*, Dec. 6th.

Lupus—Salicylic Acid.—In a case of lupus, in which the disease had already done much damage to the side of the nose,

the cheeks, and the eyebrows, Dr. Marshall (*Algem. Wiener Med. Zeit.*) succeeded in healing the ulcer with salicylic acid. He employed an ointment containing ʒ j. of the acid to ʒ j. of vaseline. The cicatrix obtained was flexible and smooth. Altogether the result of treatment was very gratifying, and the author warmly recommends the use of the drug in similar cases. —*Med. and Surg. Rep.*, Dec. 20th.

Ephidrosis Produced by Mercury.—Dr. Chenery, M.D., of Boston, records a very remarkable case of this nature in a recent number of the *Philadelphia Medical Reporter*, and which, on reference to "Neale's Digest," appears to be unique of its kind. The patient, a lad, æt. sixteen, came under Dr. Chenery's notice suffering from heart sequelæ to an attack of acute rheumatism. When first seen, the heart was enormously enlarged, the left side was heaving heavily, and the jugulars throbbing so that they could be easily seen across the room. Owing to palpitation and dyspnœa, he experienced the greatest difficulty in walking. It was determined to "touch" him with mercury. Whilst taking it, the breath, mouth, and gums were closely watched. Several days after the time when these parts might be expected to show the influence of the mercury, but which failed altogether to do so, his skin began to smell, and a profuse clammy sweat made its appearance. This odor soon became intolerable. His clothes, the bed, and every thing which came in contact with him was contaminated with the horrid stench. "I had 'affected the system,' but the skin showed the effects of the mercury, not the throat and mouth; for I had produced on the sweat glands just such action as I was looking for on the mouth. The excessive sweating lasted about a week, but the odor continued for two weeks longer." A change of treatment to digitalis, iodide of potassium, etc., being made from the mercury, the improvement which had taken place was followed up, with the ultimate restoration of the patient to an apparent state of perfect health. The teeth remained unaffected throughout. The benefit derived from treatment in this case, in which the lesions appeared to be of such a serious nature, was another surprising but pleasant feature in the case.—*London Med. Press*, Dec. 17th.

Compression in the Treatment of Skin Diseases.—Compression, and it is most useful in the treatment of diseases of the skin, can be applied by means of any substance which will afford rest and support to the affected parts. In many affections of the skin, it will either assert itself or assist medication in overcoming the morbid state of the tissue, which often resists for a very long time the action of drugs alone. Compression is a valuable means to use in eczema, especially that form which involves the abdomen, the nates, and the genital regions. It serves in these affections to protect the parts, prevents friction with the adjoining portion of the integuments, and limits the spread of disease. It relieves the congestion in such cases, and arrests the effusion. It is also very effective in acute and subacute eczema by soothing muscular irritation, toning up the dilated capillaries, and preventing the escape of serosity. Compression is a most important adjuvant in the treatment of certain eruptive fevers, for œdema after erysipelas, as well as in eczema, furuncular and glandular affections, herpes, herpes zoster, and urticaria.—*Louv. Med. News*, Dec. 6th.

Eczema—Lassar's Pastes.—Dr. O. Lassar describes, in the *Annales de Dermatologie*, a paste for the treatment of eczema and kindred diseases, which, he claims, has many advantages over the older forms of ointments. The paste consists of ten parts each of oxide of zinc and starch, and twenty parts of vaseline, carefully triturated into a homogeneous mass. The advantages claimed for the paste are that it is unalterable, does not melt at the temperature of the body, and, above all, its permeability to the exudation attendant upon most forms of skin diseases. In eczema the addition of two per cent. of salicylic acid is found most valuable, while in the eczematous affections of the heads of children Dr. Lassar finds an ointment composed of fifty parts of vaseline with one of salicylic acid and two of tincture of benzoin useful.—*National Druggist*, Dec.

Treatment of Burns by Boracic-Acid Oil.—C. J. Bond, F.R.C.S., Infirmary, Leicester, says: It is now a year since we began to use boracic-acid oil as a dressing for burns at the Leicester Infirmary, at first simply in the form of a mechanical suspension of the powdered acid in olive oil. I

have found that eighteen grains of powdered boracic acid dissolved in a drachm of hot glycerine, and added to an ounce of olive oil, forms a kind of imperfect emulsion, the glycerine retaining the acid in solution when cold. This can be easily shaken up with the oil. This makes a non-irritating and doubly antiseptic dressing, and extensive burns treated thus, and covered with a layer of some antiseptic wool, require to be disturbed but seldom, and if not perfectly aseptic, are far "sweeter" than when dressed with, for instance, the Carron oil.

As a lubricant for catheters, sounds, etc., this boracic oil with glycerine possesses advantages. It is superior to olive oil, because of its antiseptic property; and better than carbolic oil, because it is less irritating and much more stable; boracic acid being non-volatile. Glycerine itself, too, is a dressing of considerable value by virtue of its dehydrating power.—*British Med. Jour.*, Dec. 20th.

Jamaica Dogwood as an Application to Burns.—Dr. Shepard states that Jamaica dogwood is an excellent application for burns from hot steam or boiling water. His mode of application is to saturate a cloth with the fluid extract and bind it loosely on the burnt parts. Keep moist by frequent applications.—*Med. Bulletin*, Dec.

Erysipelas—Pilocarpine.—Professor DaCosta, Phila., recently exhibited a case at his clinic in which an attack of facial erysipelas was cut short in a remarkable manner by a hypodermic injection of a third of a grain of pilocarpine muriate. The patient received a blow in the face on Wednesday night, and the next morning the upper part of his face was erysipelatous, the inflammation extending rapidly up on the brow and over to the other eye. On Thursday afternoon he received the injection, and after profuse sweating the tumidity of the eyelids subsided, and by the next morning he could open both of his eyes. The disease did not return, and he became at once convalescent, but took iron for a few days before going home again.—*Boston Med. and Surg. Jour.*, Dec. 4th.

Blistering and Lead-Nitrate Ointment for Ulcers.—Professor Bartholow says that many old ulcers of the leg, which have resisted other treatment, can be cured by first blistering the surface of the ulcer and the adjoining integument, then putting on a light poultice, and afterward applying an ointment composed of:

℞ Plumbi nitratis . . . . . ʒ j.
Vaseline . . . . . ℥ j.

—*Med. Bulletin*, Dec.

Iodized Collodion in Erysipelas.—

℞ Sulphuric ether . . . . f ℥ x.
Alcohol absol. . . . . f ℥ x.
Gun-cotton . . . . . ʒ ij.

M. And when dissolved add iodide ammonia, gr. 80; iodide cadmium, bromide cadmium, āā gr. 40. Bottle tightly for use.

—*Med. Bulletin*, Dec.

Jaborandi in Urticaria.—The following formula for urticaria is recommended by M. Guéneau de Mussy:

Powdered jaborandi
Extract of guaiacum, each . . 2 grains.
Benzoate of lithium . . . . 3 "

Make one pill. The patient is to begin with two pills daily, and increase the number to four in the twenty-four hours. Sulphur baths may be used advantageously in connection with the internal treatment.—*N. Y. Med. Jour.*, Dec. 6th.

Parasitic Diseases. — Dr. Duhring recommends the following prescriptions for parasitic diseases of the skin:

For tinea favosa:

℞ Ol. cadini . . . . . ʒ iss.
Sulphuris sublimati . . . ʒ ij.
Ung. petrolei . . . . . ℥ j.

M. Sig.—Apply twice daily.

For tinea circinata, or ringworm:

℞ Hydrargyri chloridi corrosivi. gr. iij.
Alcoholis,
Aquæ . . . . . āā ʒ iv.

M. Sig.—Apply twice daily.

—*Canadian Practitioner*, Dec.

Paræsthesia — Perverted Sensibility of the Skin.

℞ Extracti erythroxylii . . . . ʒ j.
Adipis . . . . . ℥ j.

M. Sig.—Apply freely to the parts.

or,

℞ Naphthol . . . . . ʒ j.
Extracti belladonnæ . . . . ʒ j.
Adipis . . . . . ℥ j.

M. Sig.—Use on the surface until itching and irritation are removed. (Shoemaker.)

—*Med. Bulletin*, Dec.

Pimples—Bromide of Arsenic.—Dr. Piffard recommends a solution of the bromide of arsenic, one per cent., for pimples. One or two minims should be given in water before meals.—*Lond. Med. News*, Dec. 20th.

Freckles.—The following is said to answer the purpose:

℞ Sal-ammoniac (powdered) . . . 3 j.
Distilled water . . . . . Oj.
Eau de cologne . . . . . fl. ʒ ij.
Apply with the fingers night and morning.
—*Med. Summary*, Dec.

French Cure for Corns.—Saturate the stockings at the point covering the corns in a solution of phosphorus in olive oil (one part to three hundred); wear them as usual, and in fifteen or twenty days, it is claimed, the corns will have disappeared. —*N. Y. Med. Record*, Dec. 13th.

Paste for Comedones.—Dr. A. Van Harlingen recommended at the last meeting of the American Dermatological Association the following formula for a paste for the removal of comedones (acne); it was first suggested by Unna: glycerine, 3 parts; vinegar, 2 parts; kaolin, 4 parts.—*Med. Age*, Nov. 10th.

TOXIC AND HYGIENIC.

Wash-Houses and Infection.—A member of the National Health Society has rendered good service to the cause of sanitation and to his fellow-citizens in a letter advocating the thorough disinfection of the clothes of cholera patients in the wash-houses to which they may be sent when soiled. He draws attention to the statement in a daily paper that no such measures have been instituted in Paris up to the present time, and quotes the experienced testimony of Professor Tommasi Crudeli in proof that very simple means applied to this purpose sufficed to limit the spread of the epidemic in Palermo in 1866. In Paris, it is stated, the clothing is brought from the foci of disease to the laundry, is washed in water which is merely warm, and without any further process besides that of drying thoroughly (?) is returned in the very vans by which it came. The last point indicates another glaring error. We understand, moreover, that it is not, except in the present instance, a Parisian fault, but that even in London, clothes disinfected, for example after fevers, by professional disinfectors, are removed impure and restored after purification, sometimes by one and the same vehicle. We may be allowed to question whether this conveyance is cleared of all contagion after every journey. The suggestion as to the due cleansing of laundry clothing is a valuable one in connection with a possible invasion of our own country by cholera. The means to be employed should be such as to ensure perfect dryness, which alone, according to Dr. Koch, is sufficient to kill the germ of contagion. Dry heat of a high degree may best be relied on for this purpose, and with this we would strongly advocate the combination of an additional security by antiseptic fumigation. The clothes should be subjected to the process before washing as well as after it, since the protection of laundry-women must not be overlooked.—*London Lancet*, Dec. 6th.

Chemical Poisons Formed within the Intestinal Canal.—Dr. Nettler concludes a long review on this subject as follows (*Archives Générales de Méd.*): The presence of inferior organisms produces, in the course of decomposition of nitrogenous matters, toxic substances of greater or less activity. These putrid poisons, or ptomaines, exist not only in putrefaction occurring without the body, but are present also normally in the digestive canal, and even in the blood. They play a very important part in pathology, and to them may be attributed: 1, poisoning by putrefactive matters, in which the poison, formed without the body, enters the organism by way of the intestinal canal or a wound; 2, putrid auto-intoxication, due to the action of ptomaines, formed within the digestive tube; 3, the rôle of these ptomaines is very important, though at first sight less evident in uræmia and acholia due to changes in the kidneys or liver. In these cases the alkaloids, not being excreted by the diseased organs, accumulate in the blood, and give rise to symptoms of poisoning.—*N. Y. Med. Record*, Dec. 20th.

Disinfecting Rooms.—MM. Dujardin, Beaumetz, Pasteur, and Roux, at the requisition of the Prefect of Police, Paris, performed experiments with the view of ascertaining what would be the best gas for disinfecting rooms in which patients suffering from contagious diseases had sojourned. These gentlemen have come to the conclusion that sulphurous-acid gas would be the most efficacious for such a purpose, but instead of simply burning sulphur, as is usually done, they recommend the burning of bisulphide of carbon as being the least expensive and the least injurious to furni-

ture or articles of metal in the apartment. —*Louv. Med. News.*, Dec. 20th.

Red Wine the Antidote for Resorcin.—It having been remarked that in resorcin poisoning the arteries were nearly empty while the veins were engorged, Dr. Justus Andeer (*Wiener medizinische Presse*) proposed the use of hot baths in order to deplete the venous system. He found, however, on experiment, that warm baths rather increased the severity of the symptoms caused by the resorcin poisoning. After casting about in several directions for an antidote, he finally discovered that the very best was good red wine—either Bordeaux or Burgundy. This acted equally well in slight and severe cases of poisoning from this substance. The author did not approve of the practice of giving an emetic, since by the time the dangerous symptoms had appeared the drug taken into the stomach had been entirely absorbed. If, however, there were any reason to suppose that such were not the case, the best emetic to employ was apomorphia given hypodermically. But red wine, he claims, is the true and certain antidote to resorcin.—*N. Y. Med. Record*, Dec. 20th.

Gelsemium Poisoning—Tinct. Nux Vomica.—The *Canadian Pharmaceutical Journal* of a recent date gives an account of an accidental poisoning with tincture of gelsemium, which forcibly illustrates the dangerous character of the drug. A clerk who was syphoning off a portion of the tincture got a little of it in his mouth, and inadvertently swallowed it. In a couple of hours he was seized with vertigo, prostration, and all the concomitant symptoms of gelsemium poisoning. He was only saved by the prompt administration of tincture of nux vomica, in doses of seven and one half drops, given hourly in a tablespoonful of brandy. I once saw a powerfully built negro woman die from the effects of about four ounces of an infusion of the green jasmine root, in despite of every effort to save her; and I, myself, came very near death from the cumulative effects of three doses of the tincture, of twenty drops each, taken for the relief of facial neuralgia.—*National Druggist*, Dec.

Confectioners as Druggists.—An "accident," which might easily have become a great disaster, has occurred at Chester, in consequence of the manufacture of cough lozenges by confectioners. Obviously makers of sweetmeats ought not also to compound dangerous drugs. In this case the cough lozenges contained morphia, and many children were poisoned by eating of the contents of a bag stolen by some boys. Happily none of the cases proved fatal.—*London Lancet*, Dec. 13th.

Poisonous Fumes from Burning Painted Boards.—A curious form of lead-poisoning was reported in a case of a woman whose death was investigated by the coroner last week. The physician who made the examination reported that death was caused by inhalation of the fumes of the white-lead paint on old boards which she had been in the habit of using for fuel.—*Boston Med. and Surg. Jour.*, Dec. 4th.

New Source of Lead-Poisoning.—Dr. Edson, of the Health Department of this city, has unearthed a new food adulteration quite startling in character, namely, the coloring of vermicelli with chrome yellow, a pigment containing lead, used for this purpose in lieu of eggs and saffron. Dr. Waller, chemist to the Department, analyzed a number of samples of vermicelli colored in this manner, and found in them an average of three grains of metallic lead to the ounce of food! Six manufacturers of the stuff were arrested and promptly fined at the Court of Special Sessions. The counsel defending them moved to have the cases dismissed because the Health Officers were unable to cite a single case where lead-poisoning had been caused by vermicelli. The defence also brought witnesses who swore that they had eaten vermicelli colored with chrome yellow for long periods without injury. The publicity given the subject has, since the trial, brought to light one case of lead-poisoning, the cause of which has been hitherto unexplained, in a person who has been in the habit of daily consuming a quantity of vermicelli purchased from a dealer whose stock, subsequently examined, was found to be colored with chrome yellow. Making our deductions from the amount of lead found in the vermicelli, we believe that other cases of poisoning must exist, caused by this practice, not recognized because practitioners have not had their attention called to this article of food as a possible source of lead-poisoning.—*N. Y. Med. Record*, Nov. 29th.

PARTURIENT.

Treatment of Pregnancy and Labor when Complicated by Cancer of the Uterus.—Gœnner (*Zeitschft. f. Geb. und Gyn.*. Bd. x., Hft. 1).—Six cases are recorded in this paper, and, after a review of the literature of the subject, the follow- is laid down as the appropriate method of treatment: Laparotomy is only indicated in cases where the disease has so implicated the neighboring parts that a sufficient removal of the growth by the vagina to allow passage of the fœtus would inevitably lay open bladder, rectum, or peritoneum. In other cases the advice is given to await the onset of pains, and to watch carefully their effect at dilatation. Thus the operator is enabled to judge at what portion the growth is to be removed, and where incisions into it will suffice. Then as much of the tumor is to be removed by écraseur or galvanocautery as is possible without opening into the neighboring organs; or where the disease is rather an infiltration than a distinct tumor, incisions will make the necessary opening. Extraction is then to be accomplished. The third stage should not be permitted to last long. The cases recorded occurred in Bischoff's service at Basle. Five out of six mothers recovered; and only one out of the six children was lost, and that one was born asphyxiated. In the case where the mother died, Freund's operation was performed.—*Edinburgh Med. Jour.*, Dec.

Delivery of the After-Coming Head.—Frendenberg (*Archiv. f. Gynäk.*, Bd. xxi. Hft. 1).—This paper is based on most elaborate statistics of twenty-one years' cases in Birnbaum's clinique, and the statistics are particularly fully worked out. The author arrives at the conclusion that the best method of delivery is what is known as the Prague method, consisting in placing the right hand on the shoulders of the child, with the fingers on the occiput, and extracting with the left hand by means of the feet, downward and up over the mother's abdomen; and he considers that, should this method fail, resource should at once be had to the forceps, for the use of which he lays down the following general indications: 1. In backward rotation of the occiput and extension of the chin under the symphysis pubis; 2. In backward or lateral rotation of the face, with lack of flexion and with impaction; 3. Where speedy delivery is called for; 4. Where the rima pudendi or vagina is narrowed, or will not yield readily; 5. Where the hand is tired from attempts at manual delivery; 6. Where the head remains in the pelvis rotated to the side; 7. Where, from the side of the mother, rapid delivery is indicated from metrorrhagia, eclampsia, etc., the child being dead and manual delivery failing. The contra-indications are: 1. Spasmodic contraction of the os around the neck of the child; 2. Pelvic deformity of high degree; 3. Great size of fœtal head. —*Edinburgh Med. Jour.*, Dec.

Prophylaxis of Puerperal Septicæmia.—Dr. R. J. Kinkead, of Dublin, in a recent article on puerperal fever, writes the following: "If there was much danger in the fresh lochia, then septicæmia would be far more common. The risk lies in decomposing discharge in a wound. We know that antiseptic spray, antiseptic dressings, will be of little value unless the secretions are rapidly removed—that is, unless there is free drainage. Yet free drainage is just what is ordinarily not obtained in midwifery practice. The patient is kept lying on her back; the vagina, a curved canal, is consequently partly filled with discharge. All that comes away is the overflow, and a pool of lochia is left lying in the vagina to decompose and spread its contamination. Syringing only partly remedies this, and probably one reason of the great exemption of our country poor is that they do not lie still after labor. A few hours after delivery a countrywoman will sit up in bed. On the second or third day she will be up and about the house. Now I think we keep our better class of patients lying down too much. If there has been secured a firm uterine contraction, if a firm bandage has been well applied, then after a few hours' rest I am satisfied no injury will happen from allowing for a short time the shoulders to be raised by pillows, the patient to move about in the bed, and the vagina to be freely drained.—*Louv. Med. News*, Nov. 29th.

Puerperal Fever—Cold Baths.—Prof. Vincent, of Lyons, France, states that the administration of cold baths is practicable with the recently-delivered attacked with puerperal fever.

Cold baths are free from danger in the puerperal state.

They have a certain and quick anti-febrile effect in the sequelæ of delivery.

Recovery from puerperal fever is the rule with treatment by baths of a proper temperature and methodically administered.

Along with cold baths and ice-bags to the abdomen when necessary, spirits and tonics should be freely administered; the patient should be fed with liquid or semi-liquid food, having much nutriment in a small bulk—soups, beef-tea, chicken-broth, milk, etc.—*Med. World*, Nov.

Use of Cold in Midwifery.—Dr. Grognot (*Bull. gén. de thérap.*) speaks highly of the emmenagogue properties of external applications of cold. Being convinced that the uterine contractions induced by ergot, faradisation, and massage were transitory and inefficient, he was led to try the effect of cold, which he regards as superior to either of the other agents. He summarizes the advantages of cold as follows: 1. If cold is applied during labor, the contractions become stronger. 2. There is no danger either to the mother or to the child. 3. The agent is always at hand, and requires no instruments for its application. 4. Cold can be used in every stage of labor, for the expulsion of the placenta as well as for that of the fœtus.—*N. Y. Med. Jour.*, Dec. 20th.

Vomiting of Pregnancy—Dilatation of the Cervix Uteri.—W. Gill Wylie, M.D., Professor of Gynecology in the New York Polyclinic and Gynecologist to Bellevue Hospital, New York, terminates a communication on the above subject with the following conclusions:

1. That nausea and vomiting, or morning sickness in pregnancy, should not be considered and treated as merely one of the symptoms of pregnancy, but, as a rule, as indicating an abnormal condition of the tissues of the cervix uteri, due to imperfect development, disease, or the effect of disease on the tissues of the cervix.

2. That any pathological state which interferes with the softening and other changes which the cervix undergoes during pregnancy may cause nauseal vomiting.

3. That in most cases relief is obtained by freely dilating the cervix uteri below the os internum, and in many instances it is the only means by which relief can be had. It is true that inducing abortion will give relief, but to accomplish this the cervix must be dilated.

4. That in many cases specific medicines given by the mouth are useless, and, as a rule, should not be used until a local examination is made and the indications for local treatment ascertained.—*N. Y. Med. Record*, Dec. 6th.

Vomiting in Pregnancy—Nitrate Silver to Cervix Uteri.—An American M.D. in London writes: The paper of Dr. Graily Hewitt on the above subject, read before the Obstetrical Society and published in your last issue, suggests to the mind of a once busy practitioner a remedial means of which the late Dr. Marion Sims was, I believe, the author. This consists in applying to the cervix uteri once a day a solution of the nitrate of silver, of the strength of from twenty to sixty grains to the ounce, lengthening the intervals as relief is obtained. Cases will have occurred to many wherein no deviation from health could be diagnosed, and where the newly active organ might only affect the stomach through its "reflexes." In this class, as well as in those wherein a more tangible cause was obvious, the course mentioned has many times quickly and completely relieved my patients when artificial abortion appeared imminently necessary, and, stranger still, the relief was generally permanent, the operations rarely requiring repetition. Certainly many anxious practitioners will find room for such a simple means before resorting to the severer operation. My own chosen method was to employ a solution of silver in equal parts of pure sweet spirits of nitre (fresh) and distilled water, painting the whole visible cervix through a speculum, and leaving as a dressing a pledget of absorbent cotton soaked (and then squeezed) in glycerine. I have rarely been obliged to make a fourth application.—*London Lancet*, Dec. 13th.

Beer in Excessive Vomiting in Pregnancy.—The successful cases communicated by Dr. Rodzewicz induced Dr. P. Polansky, of Nijni-Novgorod (*Russkaia Meditsina*, No. 35, 1884), to try beer, a glass at supper and dinner, in the case of a primipara aged twenty-five, in early period of pregnancy, with eight to ten daily attacks of vomiting. On the first day of the treatment the patient vomited only once, after which sickness entirely disappeared and did not return, though the treatment was continued only for four days.—*London Med. Record*, Dec.

GYNECIC.

Alexander's Operation of Shortening the Round Ligaments.—In this ingenious age one must have rare originality to devise any thing really new. Dr. Alexander, of Liverpool, must certainly be credited with this quality, for he has devised an operation for the permanent correction of inveterate and otherwise intractable retroversions of the uterus, which operation, simple as it seems in theory, appears to be quite original. As our readers are aware, the operation consists in shortening the round ligaments, which is readily done by cutting down upon them as they pass through the external inguinal ring, drawing them out to the desired extent, and then securing the "slack" in the wound.

The operation has now been performed about thirty times, and, so far as our information goes, without any bad results. As regards the correction of retroversion, it seems to be satisfactory, but it should not be forgotten that the cause of the condition is not done away with by it. On looking over the notes of several of the cases, we have been struck with the fact that, although the uterus was retained in its normal posture, it did not return to its natural size. This is an important matter, since it points to some other abnormal state (perhaps a laceration of the cervix), which ought to have been remedied before an attempt was made to cure the inclination.

It should be noted that the purpose of the operation is different in cases of retroversion from what it is in cases of prolapse. The idea is to exercise just enough traction upon a retroverted uterus to keep it in a position of slight anteversion, the weight of the overlying organs being the chief agent in preventing a return of the backward displacement. In prolapse, on the contrary, there is really a mechanical lifting of the organ by means of the round ligaments. which sooner or later will tend to yield to the strain. It is true that pessaries may be used to relieve this strain, or colporrhaphy may be resorted to, but the probability is that the tissues will yield in time, as Dr. Emmet has shown to be the case after most plastic operations about the female genitals.—*N. Y. Med. Jour.*, Dec. 13th.

Pelvic Hæmatocele.—In the *Lancet*, Sept., 1884, p. 531, is published an interesting lecture delivered by Dr. Wiltshire at St. Mary's Hospital. The subject of the lecture is "Pelvic Hæmatocele," and it comprises the various forms of blood-effusion occurring in the pelvic region or pelvi-abdominal cavity. Effusions of blood, of the kind in question, occur mostly during menstrual life, and commonly between the ages of twenty and thirty-five. Typical cases are cited, and a summary is given of evidence which proves that the peritoneum will bear a suddenly produced strain to an enormous extent without rent. The symptoms of pelvic hæmatocele are thus summed up: The one-sided pain of a sharp character low down in the pelvis and down the genitals and thighs; the breathlessness, collapse, and in very severe cases convulsions from loss of blood; the cold sweats, the thirst, vomiting, and low temperature of the body; the attitude, the legs significantly drawn up, the one on the side of the lesion usually the more so; the threading flickering pulse, the dysuria, and bearing down in the private parts,—all tell their tale plainly enough. As to the treatment of pelvic hæmatocele, the cardinal treatment in most cases is absolute rest, and opium given in one-grain doses. One of the most interesting points in the lecture is the observation that some cases of hæmatocele are followed by marked jaundice of the patient. This jaundice is not of biliary origin, but is due to the absorption of the coloring matter of the blood, when there has been a large effusion.—*London Med. Rec.*, Dec.

Rapid Dilatation of the Cervix for Sterility and Dysmenorrhœa.—A. H. Goelet, M.D., N. Y. City, writes: I read with great interest the remarks of Prof. Goodell before the Obstetrical Society of Philadelphia, on rapid dilatation of the uterine canal, and heartily agree with him that it is a perfectly safe and a very satisfactory procedure. While my experience has not been quite so extensive as his, it has been more satisfactory. Within the past year and a half I have operated between thirty and forty times, and always with entire relief of the dysmenorrhœa unless dependent upon some previous ovarian trouble; but have not in every case overcome the sterility. In no case have I been obliged to repeat the operation. Some have conceived within the first three months after the operation. My mode of dilatation is similar to that of Prof. Goodell, but the

opium suppository is omitted, as the operation, in my hands, has never been followed by any unfavorable symptoms.

Prof. Goodell's failures have probably been due to contraction after the operation. To avoid this, I use a glass-stem pessary about the size of a No. 20 or 21 steel sound (French). This is two inches long and only slightly curved, terminating in a button-shaped extremity, which prevents it from entering the canal too far. It is introduced after the dilatation is complete, being kept in position by a tampon of cotton in the vagina. During the first twenty-four or forty-eight hours, it will be found that the stem is grasped firmly by the cervix, but after this it becomes relaxed, and the stem is apt to slip out.

The patient is kept in bed in a recumbent position for a week, the stem being removed every day or two, cleansed, and replaced. The tampon which holds the stem in position is saturated with glycerine, which, by depleting the tissues, relieves the irritation produced by the operation.

If there is much rigidity of the os with congestion, I use one or two applications of the glycerine tampon two or three days apart before the operation, which relaxes the cervix, renders the dilatation easier, and lessens the irritation produced by it. The patient is directed to remove the tampon after twenty-four hours, by pulling on the string which is attached to it, and to use vaginal injections of hot water freely. —*Phila. Med. News*, Nov. 15th.

Sterility from Endometritis—Cocaine.—Dr. H. A. Kelly, Philadelphia, reports the following: Dec. 7, 1884, Mrs. A. The fundus uteri is so exquisitely tender that the slightest touch with the sound has always been followed by a night of severe cramping pain at pit of stomach lasting for hours. I saturated a pledget of cotton with a four-per-cent. solution of cocaine, and left it in the cervical canal for five minutes. During this time she said she felt a heating sensation like warm water running over the part. I then easily introduced Ellinger's dilator without any complaint, and forcibly dilated the canal half an inch. The dilatation was accompanied by much pain. The drug only facilitated the introduction of the instrument, and probably prevented the after-pain, for she had none, and drove out the next afternoon, contrary to orders.—*Phila. Medical News*, Dec. 27th.

Hemorrhagic Endometritis.—Q. C. Smith, M.D., Austin, Texas, sends the following: The intra-uterine pencils, made as per formula given below, are very efficient in the treatment of hemorrhagic endometritis. If the os and cervix are not very patulous these pencils are too friable to be introduced, unless an intra-uterine pencil carrier be used. But if the pencils be made more cohesive they do not so easily dissolve in the uterine cavity.

Just here—*en passant*—we would say we have used intra-uterine pencils made by several Eastern manufacturers (of gelatine stock, we believe), and found that they are difficult of solution, hence objectionable. Our formula is as follows:

℞ Iodoform—in *fine* powder,
Dried alum—in *fine* powder,
Sulph. hydrastia,
Ergotin, āā gr. xxx.
Cocoa butter. q. s. Ft. stiff mass.
Divide into six pencils.

Sig. One pencil to be introduced every two to four days, and a pledget of absorbent cotton—with small twine attached—pressed snugly up against the os, to be removed at the expiration of twenty-four hours, and two gallons of *hot* tar soap-suds used as a vaginal injection. It is best that the patient remain in a horizontal posture for at least a few hours after each pencil is introduced.

—*Texas Cour. Rec. Med.*, Dec.

Peculiar Variety of Ovarian Tumor.—Thirty years ago, Professor Olshausen asserts, all tumors of the ovary were considered to be anatomically, pathologically, and clinically the same. Since that period, new kinds of ovarian tumor have been discovered almost yearly. Very recently a form of myoma, having a tendency to metastatic reproduction in the peritoneum, has been described. Werth has expressed his doubts as to the alleged metastasis, which, in his opinion, is simply inflammatory peritoneal exudation, caused by the escape of the fluid contents of the tumor. Olshausen and Ackermann, on the other hand, have examined a case of this kind, and deny that the primary growth is myomatous, but agree that solid deposits found in the peritoneum are metastatic and not inflammatory. [There can be no doubt that some, though by no means all, of the solid ovarian tumors hitherto believed to be fibroid are really myomatous; these true myomata cannot give rise to secondary growths, but often set up great peri-

toneal irritation, owing to their irregular surfaces.]

Olshausen also describes a true cystoma of the ovary where masses of thin-walled cysts coalesce, after independent development in different parts of the ovarian stroma, to form a large tumor resembling a bunch of grapes.—*London Med. Record*, Dec.

Operation for Lacerated Cervxi—Cocaine.—Dr. H. A. Kelly, Phila., reports the following: Dec. 6th, Mrs. N., aged twenty-nine, III-parous, three miscarriages, has a marked bilateral laceration of the cervix, with eversion of the lips, subinvolution, and menorrhagia. The cervix was exposed and a pledget of cotton saturated with the eight-per-cent. solution of cocaine laid upon the parts. Sensibility was tested first by the tenaculum, and found to be marked. In seven minutes sensation was abolished, and I proceeded to denude the surfaces. I had but one helper, Dr. Wm. N. Ferguson, and the uterus was high up, and the operation lasted altogether two hours. She made no complaint, and only winced when the sutures were introduced. No fresh applications of cocaine were made.—*Phila. Med. News*, Dec. 27th.

Painful Mamma in Young Girls.—Mr. John H. Morgan narrated, at the Harveian Soc., London, cases of painful mamma in young girls. A well-made girl, aged eleven and a half, had suffered from severe pain in the left mamma for some time, which had become more acute lately. The gland was very little enlarged and showed no symptoms of inflammation, but was the seat of great pain and was very tender to the touch. The pain was continuous, with exacerbations. There was no history of injury. The catamenia had not appeared. Shortly afterward the right mamma became affected in an exactly identical manner. Neither local nor general treatment afforded relief. After some weeks the pain began to intermit, and at length gradually disappeared. Notes were read of six other similar cases, in five of which the left and in one the right mamma was the seat of pain. Mr. H. Power referred to an article by Erb, dealing with this subject, in a volume of "Ziemssen's Cyclopædia," which he had translated. Mr. Gant alluded to a chapter in his own work on surgery. This painful affection presented four well-marked characters:—(1) Hyperæsthesia, (2) wide distribution, (3) superficial nature of the pain, and (4) paroxysmal exacerbation. It might be looked upon as a pseudo-mastitis. In many cases it was probably the outcome of depraved habits. Dr. Cleveland, believing in the neuralgic character of the pain, suggested that the hypodermic use of morphia might be expected to yield the same relief as in other neuralgiæ.—*London Lancet*, Dec. 20th.

Acute Mania at the Menstrual Period.—Dr. Cabadé relates (*Wiener med. Woch.*) the case of a woman who, while menstruating, lost her husband under very terrifying circumstances. Menstruation ceased at once and did not return for eight months, during which time the patient was exceedingly nervous and suffered from slight convulsive attacks. Later she had acute maniacal attacks at each menstrual period, being perfectly sane in the intervals. The mania recurred at each monthly period, and was only controlled by large continued doses of bromide of potassium.—*Med. Bulletin*, Dec.

Electric Treatment of Perimetritis.—Dr. Arostoli, of Paris (*Le Prog. Méd.*), described his methods to the International Congress of Medical Sciences. He says that intra-uterine faradisation—weak currents long continued—gives most excellent results in acute as well as chronic metritis and perimetritis.—*Louv. Med. News*, Nov.

Dangers of the Aspirator-Needle.—The use of the aspirator-needle has generally been considered a safe procedure, but it is certainly not perfectly so. Dr. A. Reeves Jackson, of Chicago, reports, in the *Chicago Medical Journal and Examiner*, a case of fatal hemorrhage following its use in the case of suspected pelvic abscess. The patient was twenty-five years of age; had one living child, aged three years. In August, 1884, had a miscarriage, which was followed by signs of pelvic inflammation. In a few days a soft spot was discovered to the right of and one inch from uterus. The aspirator-needle was introduced under antiseptic precautions. Bleeding from vagina followed, and a tampon was introduced, but, notwithstanding this, the hemorrhage continued, and about two quarts of bright blood escaped. Death ensued in less than an hour after the operation.—*Canadian Pract.*, Dec.

PEDIATRIC.

Hæmaturia Due to Cancer of the Kidney in Childhood.—Cancer of the kidneys in children is most common in the first years of life. Out of fifty cases which have been recorded in children under ten years of age, twelve occurred in the first year and eight in the second. Forty occurred in the first five years, as against ten in the last four. The sexes are liable in about equal proportions. Hæmaturia is a more frequent symptom among children than in adults. It was noticed in nineteen of the fifty cases collected in this paper. On the other hand, it is not a common symptom in the earliest years; only two out of the twelve cases in the first year, and three of the eight cases in the second year, suffered in this way. The bleeding usually occurs suddenly and unexpectedly, and is not unfrequently the first evidence of kidney disease. It is usually profuse, and when observed at all it is early in the course of the illness. It is not always accompanied by pain, but when it is the pain ceases when the bleeding is fully established. This is an important point in the diagnosis of cancer from stone in the kidney. Another point is, that in cancer the blood is pure without any admixture of mucus, pus, or epithelium. In none of the fifty cases is it recorded that cancer masses were found either in the urine or in the blood. The bleeding generally recurs several times after pauses of longer or shorter duration. It is rare for it to occur for the first time at a late period of the disease. In only one of the cases is it stated that death was directly due to the bleeding.—A. Liebert, *Jahrbuch für Kinderheilkunde*, Band xxi., Heft 3.—*Edinburgh Med. Jour.*, Dec.

Remarkable Case of Umbilical Tumor.—J. Wyatt Pratt, M.R.C.S., L.R.C.P. Edin., writes: Cases of umbilical tumor are not of frequent occurrence, and the following one presents some characters that are unique. Three years ago I attended the birth of a male child whose umbilical cord was of average length but of unusual thickness throughout, and which for the space of an inch and a half from the abdomen presented a dilatation of more than double the diameter of the remainder. The usual ligature was applied just beyond this enlargement. The resulting stump was exceedingly tense and hard. On the ninth day the coverings at the top had sloughed and showed a red granular projection, and in about a month all the outer coating had disappeared, and a firm, smooth, red tumor was left. This was an inch and a half in length, pyriform in shape, and attached to the umbilicus by a short but thick pedicle. The outer expanded extremity presented a central orifice, from which more or less constantly a watery fluid exuded. There was no evidence of hernia. The growth did not appear to be painful to the touch, nor even to firm pressure; its surface bled when handled unless treated gently with oiled fingers, and, as usual in such cases, always became more full and vascular when the child cried. Toward the end of the third week feculent matter oozed from the terminal orifice, and this recurred, every three or four days only, for the following month. During the latter period, on three occasions, without any appreciable cause, bright-red blood trickled out from the same aperture; this at several days' interval, and upon the last occasion in considerable quantity. The infant in other respects was healthy, and at the breast thrived well. The tumor was dressed once daily with carbolic oil. When the little patient was seven weeks old, after the last somewhat severe attack of hemorrhage, I tied a strong silken cord around the pedicle. This was followed by sharp bleeding from the seat of ligature, which was easily arrested by a fold of lint and soaked in styptic colloid. A pad and a firm bandage were then applied to the abdomen. The bowels had been relaxed naturally before this treatment. Three days afterward, upon the removal of the binder, the growth was found detached in a little well of pus upon the lint. The resulting raw umbilical surface was dressed with zinc ointment and a pad, and in a few days more nothing was noticeable except an induration around the umbilicus. Since then the child has continued well. The case is worthy of record on account of the fistulous communication with the bowel, and the tendency to spontaneous hemorrhage.—*Lond. Lancet*, Dec. 27th.

Rupture of the Sigmoid Flexure in New-Born Children.—Zillner (*Centralbl. f. klin. Med.*) made post-mortem examinations of four children who had died, within twelve or fifteen hours, of peritonitis from rupture of the sigmoid flexure. These

cases are interesting from a medico-legal point of view. It was questionable if the rupture was not produced by violence in giving enemata. It seems scarcely probable that any usual violence during delivery could have caused the accident. Zillner also offers the following explanation. During the labor the mother presses upon the abdomen of the child, thus fixing the sigmoid flexure, which is filled with meconium, or else drawing it down into the pelvis. Then comes a moment when the pressure on the abdomen is so strong that the sigmoid flexure comes between the lumbar vertebræ or the linea arcuata on one side, and the abdominal walls on the other, until it is compressed tightly and cannot move. The meconium can either slip away toward the descending colon, or into the rectum, slight pressure only being necessary to rupture the upper part of the flexure. Experiments seem to bear out this theory.—*London Practitioner*, Dec.

Hypodermic Injections of Morphia in Convulsions. — Owing to the well-grounded reluctance of physicians to give subcutaneous injections of morphia to infanrs, it is well to record the cases where such injections have been given, in order that we may have some recognized data by which we can determine what is a safe dose at different ages ; this is of especial importance in the treatment of those severe eclamptic attacks which at times resist the usual methods of dealing with them. Dr. Clark, of Oswego, New York, reports the case of a girl eighteen months old, who had been in almost unintermitted convulsions for two hours, various remedies producing no effect. The cause of the attack could not be ascertained, but was supposed to be of cerebral origin. One sixth of a grain of morphia sulphate was injected into the arm, and in about two minutes the convulsion ceased entirely, and after a quiet sleep of three or four hours the child awoke apparently well. Twenty-four hours later, after some evidence of the attack returning, the symptoms readily subsided to doses of Dover's powder, in moderate amount, the dose not being stated. In some days, however, the child was found to have her faculty of speech, which was considerably advanced, impaired ; since then her appearance has been bright, and her power of speech is constantly improving. Clark believes from his experience that a child of from two to five years old will stand as much opium, in proportion to the development at that age of the energies of the nervous system, as an adult. He also states that he would unhesitatingly inject a thirty-second of a grain in persistent or recurrent convulsions, and repeat in fifteen minutes if necessary. In connection with Clark's cases Dr. Hughson reports the case of a negro boy, two years of age, who had been sick with a high fever for two days, and who had been in convulsions for an hour ; the child was unable to swallow, and was rapidly sinking into a dying condition. A subcutaneous injection of a fifteenth of a grain of the sulphate of morphia was given, and in ten minutes he was quiet, and in twenty minutes asleep ; the child had malarial fever. There was no return of the convulsions, and there was complete recovery from the malaria.—*Boston Med. and Surg. Jour.*, Dec. 4th.

Spina Bifida.—Löbker (*Centralblatt f. Chir.*) reports four cases operated upon by him. The first, seven weeks old, presented a tumor of the size of an apple in the lumbar region. Five grammes of the fluid of the cyst were drawn out by means of a subcutaneous syringe, and two grammes of a freshly made solution of pure iodine 0.5, iodide of potash 1.0, water 30.0 injected in, and slight compression was applied. This procedure was repeated three times at intervals of from five to eight days. Recovery followed, with shrinking of the tumor, so that a year later a small tumor of the skin of the size of a silver quarter was all that remained. A year and a half later the child was reported as well.

A second case was operated upon twice when from eleven to twelve weeks old. The interference was well borne and the tumor became smaller, but further treatment was discontinued, and the child subsequently died. The third child was five days old, the tumor was in the lumbar region. The pedicle was tied by two ligatures, the sac cut off, and the wound dressed with iodoform gauze. The child is reported to have been discharged well. A fourth case was that of a child four months old, with hydrocephalus. Death resulted from ligature and extirpation.

Löbker advises insertion of the needle of the subcutaneous syringe into the base of the swelling, and compression of the base

so that the iodine should not enter the canal.

A child, aged two months, female, had a tumor the size of a peach in the middle line, opposite the two last cervical vertebræ. It had a pedicle an inch and a half in circumference. The tumor was soft and fluctuating; under strong pressure it diminished in size, causing the child to cry and have slight convulsive movements of the limbs. The tumor was half emptied of a thin, transparent liquid of alkaline reaction. The pedicle was constricted by a couple of turns of elastic ligature. At the moment of constriction the child cried, became livid, and some clonic movements were excited, but in a few hours these subsided.

On the sixth day there were vomiting, a tendency to coma, and twitching of the upper limbs, but after this they did not return. The ligature separated on the twelfth day.—*Boston Med. and Surg. Jour.*, Dec., 18th.

Acute Encephalitis of Childhood.—Professor Strümpell, of Leipzig, read a paper on this subject at the Fifty-seventh German Science Association: This affection resembles in nearly every particular infantile spinal paralysis. It occurs with greatest frequency during the first and second years of life, seldom later. There is usually an initial stage of fever, vomiting, and convulsions, followed after a varying period by paralysis. This is usually nearly complete on one side of the body. It diminishes after a time, but usually leaves more or less impairment of motion and of growth in the parts. Sometimes the affection is followed by motor irritative symptoms, such as epilepsy or athetosis, or by impairment of the intellect or power of speech. The sensibility of the paralyzed side is unaffected. The disease is located in the cortical substance. The speaker thought it possible that poliencephalitis and poliomyelitis might be essentially the same conditions, the disease being located now in the gray substance of the cord and again in the corresponing portion of the encephalon. In answer to a point raised in the discussion of this paper, the author said that he made a diagnosis of acute encephalitis only in those cases in which there was an acute initial stage followed by a stationary cerebral paralysis.—*N. Y. Med. Record*, Dec. 20th.

SURGICAL.

Successful Evacuation of the Femur.—Dr. Tassi presented a patient to the Academy of Medicine of Rome on whom he had successfully operated for persistent osteomyelitis of the femur. The patient, a youth aged fourteen, from Aquila, of good constitution and parentage, first suffered two years previously from commencing osteitis of the internal femoral condyle. In the course of a few months, the pathological process invaded the whole epiphysis, and an abscess formed at the lower opening of the Hunterian canal. On the patient's admission into the Ospitale S. Giacomo, on January 8, 1884, with acutely urgent symptoms of purulent osteomyelitis, free exit was given to a subperiosteal abscess, and two large drainage-tubes were introduced. The inflammatory symptoms having subsided, the patient was placed under chloroform on February 4th, and the soft structures freely divided between the vastus internus and the ring of the adductors. A large chasm was then made in the internal condyle, and, with the operator's spoon, the interior of both condyles and of the whole epiphysis was evacuated as far as the periarticular shell. It then became easy to evacuate the marrow and to scrape out the bone affected with osteomyelitis, purulent in some parts, fungous in others. The breach in the bone exceeded five inches in length. The cavity was washed out immediately after the operation, and then filled with very fine iodoform. A plaster-of-Paris apparatus was then applied to the whole limb, leg and thigh included, and only removed once in the course of three months. When the lad was presented to the Academy, the bone was wholly reproduced, there was no ankylosis, and he was in excellent health. Dr. Tassi added that he had at that time three similar cases in process of recovery in his wards in the Ospitale S. Giacomo.—*London Lancet*, Nov.

Parenchymatous Injections of Turpentine in Malignant Growths.—From a series of injections of turpentine into the interior of malignant growths in order to influence their development, Dr. Vogt reports (communication from the Chirurgical Clinic in Greifswald, *Centralblatt für Chir. Med.*), as follows:

The first case was a return after extirpa-

tion of a carcinomatous breast, which showed itself as a rapidly-growing tumor pressing forward from the anterior mediastinum. One half of a Pravaz syringeful of a solution of equal parts of alcohol and oil of turpentine was injected. In a few hours there was a severe pain, fever, and erysipelatous redness of the breast. After forty-eight hours the temperature declined, but the general malaise lasted several days longer; the tumor had become visibly contracted.

In ten days a second injection was made, with the same effect as at first, but afterward an abscess formed. Two more injections were made during the next few weeks. In the course of two months a gradual shrinkage of the tumor took place, which then remained as a decidedly hard tumor without any abnormal heat. The patient was then discharged.

The second case was one of multiple sarcoma, which was treated in the same way, with the same results, including the abscess. In the course of five weeks, after repeated injections, the tumor had almost disappeared.—*Medical Age*, Dec. 10th.

Muscular Rupture Simulating Abscess.—Dr. Phocas relates, in *La France Méd.*, a case of rupture of muscles in the lumbar region which simulated abscess and caused symptoms similar to those of lateral curvature of the spine. The patient, a young man, had first experienced pain in the left side. Three weeks later he began to walk with a limp and lean to the left side. He was, therefore, examined for lateral curvature. This was not found to exist, but a swelling to the left of the spinal column, painful on pressure and fluctuating in its central part, was made out. After repeated examinations it was regarded as an abscess and operated upon under chloroform. Careful dissection brought to light a rent in the lumbar aponeurosis, through which a hernia of the mass of sacro-lumbar muscles protruded. Underneath this hernia was a tumor covering the quadratus lumborum, and adherent to its outer border, as well as to the abdominal muscles and aponeurosis. The tumor measured about two inches in diameter, was of a yellowish color, of soft consistence, and fibrous aspect. Under the microscope it was found to be composed of altered muscular and fibrous tissue. The patient made a good recovery, and was soon able to leave the hospital, free from any signs of curvature, lameness, or deformity.—*N. Y. Med. Record*, Dec. 20th.

Excision of a Tumor from the Brain.—The *Lancet*, of November 29, 1884, reports the removal, by Mr. Godlee, of a mass of glioma, the size of a walnut, from under the gray matter of the upper part of the ascending frontal convolution. At last accounts the patient was progressing favorably.

The London journals of December 6th, state that the case is still progressing favorably. The chief symptoms which led Dr. Hughes Bennett, who had charge of the case, to diagnosticate the extent and locality of the tumor were paroxysmal twitchings of the left side of the face, alternating with twitchings of the left arm on the same side, followed by slowly progressive paralysis of the hand, and later on by twitchings of the eyelids and legs without paralysis. These symptoms were accompanied by double optic neuritis and violent headache. Dr. Bennett concluded that there was a tumor, probably not larger than a walnut, at the upper third of the fissure of Rolando. The temperature and pulse have been normal since the operation, and the patient remains perfectly intelligent and cheerful.—*Phila. Med. News*, Dec. 27th.

"Lawn-Tennis Leg."—Dr. Wharton Hood describes a method which he has adopted with much success in the treatment of what is popularly known as "lawn-tennis leg." It is based upon two essential points—(1) adequate support for the structures of the calf, and (2) immediate and uninterrupted use of the limb. As soon as possible after the occurrence of the rupture of the muscles or tendons of the calf, the patient should be placed upon a sofa, with the injured leg raised above the level of his head; and he should be kept in this position for five minutes. This is an important preliminary, because the position alone will be sufficient to empty the limb of superfluous blood, and thus to reduce the swelling which is commonly present. After a sufficient period of elevation, and while the leg is still raised, strips of adhesive plaster, each an inch and a half in width, should be applied, extending from two inches above the ankle to above the thickest part of the calf. As soon as

the plaster is applied, the patient should be directed to walk about the room and to place the heel firmly, or at least fully, on the ground at each step. The great thing is not to allow the patient to leave the consulting-room until he is convinced that he can walk, or he will fear to try to walk properly, and then the treatment will fail. After three or four days the plaster must be renewed, and the patient should be compelled to walk further and further each day, until a cure is completed.—*London Med. Record*, Dec.

Acute Traumatic Malignancy.—A boy, ten years of age, fell off some rocks at the sea-shore, striking his right leg about two inches above the tubercle of the tibia. It was treated by cold applications, rest, etc. Two weeks afterward, the pain in the interval never having ceased, the whole circumference of the limb began to swell, gradually becoming glazed with distended veins passing over it, the site of the injury having previously become very painful. He was unable to walk except on crutches. He was seen in consultation by several eminent surgeons, all of whom advised amputation. The boy's father was unwilling until some time afterward, when the boy had become much weaker. Amputation was performed at the lower third of the thigh. The disease was "fungus hematodes." Death occurred three weeks later from exhaustion, being within three months of the receipt of the injury.

The above case is one of several others in which a rapid malignant course set in after traumatism. Dr. Ormsby thinks that there must have been a tumor-forming diathesis present when the injury was received.—*London Lancet.*

Fractured Patella.—Dr. Van der Meulen (*Deutsche med. Zeitung*) notes that, in the space between the two fragments of a broken patella, a clot of blood is formed. This clot is not organized at once in its entirety, but the anterior and posterior surfaces are first organized, and only after some time does the process involve the central portion. In this way the two fragments come to be united by two thin pseudo-membranes. The author takes advantage of this in his treatment of fractured patella. From ten to twenty days after the injury he proceeds to operate. An incision being made over the patella, the anterior membrane and the unorganized coagulum lying beneath it are removed, but the posterior membrane is not interfered with, and thus the joint is not opened. The fragments are then united by platinum or silver-wire suture, care being taken not to include the membrane of organized coagulum, but to let it fold upon itself posteriorly toward the joint cavity. Dr. Van der Meulen has operated in this manner in three cases of fractured patella, and has been enabled to obtain excellent and firm union.—*London Practitioner*, Dec.

Sulpho-Carbol, the New Antiseptic.—The substance in question is orthoxy-phenil-sulphurous acid, which may be more conveniently named *sulpho-carbol*, as more simply indicating a combination of sulphuric acid with carbolic or phenic acid. The antiseptic and antifermentative properties of this compound are remarkable, and it has the advantage over carbolic acid of being soluble in water in all proportions, and of being neither poisonous nor caustic. It is a syrupy, rose-colored liquid, of a pungent odor, but no wise disagreeable in solution. It is volatilized in a water-bath, and may be used for fumigation. It was discovered in 1841 by Laurent, and has since then engaged the attention of many chemists. Recently its properties have been investigated by M. F. Vigier, with the assistance and in the laboratory of M. Laborde, and its great antiseptic powers have been duly demonstrated. It may be given internally also, in syrup and water, in doses of from one to five grammes daily. Indeed, being an inoffensive product, its doses may be increased *ad libitum*, which of course is not the case with carbolic or salicylic acid.—*Med. and Surg. Rep.*, Dec. 6th.

Inflammation of Limb Relieved by Ligature of Main Artery.—Mr. C. Atkin read the notes (Sheffield Med.-Chir. Soc.) of a case occurring at the infirmary, in the practice of Mr. Favell, in which he had ligatured the brachial artery for secondary hemorrhage after amputation in the upper third of the forearm, with an immediate marked effect on the inflammatory condition of the stump. Though the flaps healed externally by the first intention, the whole limb went into a state of overreaction after the amputation, and a general arterial oozing occurred on the tenth day. After ligation of the brachial artery, the hemorrhage ceased; and the limb, which

before had been swollen to twice its natural size, dark-red, doughy, and semifluctuating, resumed its normal form and color in a few hours. Mr. A. Jackson remarked that deligation for the arrest of disease was first performed in England by Mr. Favell, at the suggestion of Mr. G. A. Brown, then the house-surgeon of the infirmary, and now of Tredegar. Mr. Brown had had a case in which sloughing phagedæna of the palm had been arrested by the ligature of the radial and ulnar arteries for hemorrhage —*Brit. Med. Jour.*, Nov. 8th.

Pistol-Shot Without External Wound.—Dr. F. Ogston relates an instructive case of death from a suicidal pistol-shot, in which there was no external wound. The bullet penetrated the velum palati, passed through the basilar process of the occipital bone, traversed the medulla oblongata, and, striking the internal occipital protuberance, passed forward and upward through the brain till it reached the frontal bone. It then sank backward over the surface of the brain, and was found over the fissure of Sylvius, near the superior longitudinal sinus.—*London Med. Record*, Dec.

Plastic Operation for Unhealed Burn.—Mr. T. R. Jessop exhibited to the Leeds and West Riding Medico-Chirurgical Society a boy, aged eleven, upon whom, in May last, he performed a plastic operation for the closure of an unhealed burn. The injury was sustained four and a half years ago, and resulted in the destruction of the skin around the right elbow. The posterior and lateral aspects of the joint refused to heal, and the wound measured six and a half by four and a half inches. The elbow was ankylosed at a somewhat acute angle, but the hand and forearm were sound and useful. A flap, measuring six by four inches, consisting of skin and subcutaneous fat, was dissected up from the front of the abdomen, in such a manner that its undetached base corresponded with a line drawn from the ribs to the crest of the ilium. This was placed upon, and by sutures losely secured to, the granulating wound, the limb being firmly fixed to the trunk in a convenient position. Union took place straightway, and the base of the flap was severed from its abdominal attachment forty-two days after the operation. The result showed the elbow to be covered by a thick pad of sound skin, surrounded by an almost completely healed scar. Mr. Jessop recommended that the wound to be covered in should not be refreshed, as in previous cases. He had found such treatment followed by delay in union.—*British Med. Jour.*, Dec. 6th.

MISCELLANEA.

Infantile Convulsions — Mellin's Food.—The following, among other tributes to the value of "Mellin's Food for Infants," is selected from an article contributed by Dr. H. R. Bigelow, Washington, D. C., to the *Archives of Pediatrics*: A physician was called to see a case where the child had convulsions after each feeding. He questioned the mother in regard to the milk used. She persisted that it was one cow's milk from a fine Jersey on her own farm, and was quite unwilling to make any change. She was finally persuaded to try the milk from another source, and use it with Mellin's food. The child began to improve at once.

Gold Medal Awards to United States Products at International Health Exhibition, London, 1884.—Among the food products exhibited at the International Health Exhibition, London, 1884, the Maltine Manufacturing Company Limited (London) exhibited, in an attractive manner, their eighteen preparations of Maltine and Compounds, Carnrick's Beef Peptonoids, Cod-liver Oil and Milk, and Victoria Bitter Water. It is stated that maltine is the only extract of malt ever manufactured from malted barley, malted wheat, and malted oats, and that it excels in diastase. Carnrick's Beef Peptonoid is a flesh-forming food said to contain seventy per cent. of nitrogenous matter, and over twenty per cent. of warmth-producing substance. Carnrick's Peptonized Cod-liver Oil and Milk (composed of about equal proportions of pure cod-liver oil and condensed milk, digested) is said to be superior to the ordinary plain oil and emulsions.—*British Med. Journal.*

A Fine Wine.—For a sound, generous, rich wine, combining the highest therapeutic effects with the minimum of reaction, we have found nothing superior to the Hungarian "Tokayer Ansbruch" imported and sold by Mr. L. Reich, 13 West Eleventh Street, New York City. In cases of

nervous exhaustion, debility from acute disease, impairment of energy from overtasking the powers, and to retard the gradual failure of the constitution from advancing life, we have seen ample evidence of its excellent results. It vindicates for wine the lofty position which it used to occupy in the materia medica, but from which it has fallen through the introduction of so many base articles under that name. Those who desire Mr. Reich's wines should write him directly, as he does not sell any of them through drug houses or the trade.—*Med. and Surg. Reporter.*

McIntosh Self-Adjusting Uterine Supporter.—One of the many reasons which recommend this supporter to the physician is that it is self-adjusting. The physician, after applying it, need have no fear that he will be called in haste to remove or readjust it (as is often the case with rings and various pessaries held in position by pressure against the vaginal wall), as the patient can remove it at will, and replace it without assistance.

Syr. Hypophos. Comp. Fellows'.—In Fellows' Hypophosphites there are combined properties to stimulate and tone the appetite, the digestion, and the function of assimilation, and all the necessary mineral phosphates to supply energy wherewith to overcome disease. It is dispensed in a form which neither disturbs the stomach nor injures the system under prolonged use, and the employment of which may be discontinued at any time without inconvenience.

Anæmia—Vin Mariani.—One of my patients, Lady Superior of a convent in the environs of Paris, affected with a profound anæmia, which has resisted all treatment, and which by the long use of iron and quinine had become complicated with constipation and gastric disturbance, was relieved of the latter symptoms after twenty days' treatment with Mariani Wine; and under the influence of this same medicine her anæmia gradually lessened, and in the course of three months disappeared.—Dr. LAVILLE.

Epilepsy—Vitalized Phosphites.—This nervine is stated to be prepared from the phosphoid principles of the ox brain and the embryo of the wheat and oats, and to contain the same phosphoid principles found in the human brain, and is therefore recommended in all diseases of the Brain and nervous system, where a tonic is required.

Dysmenorrhœa—Ointment of Cocaine.—In a case of this nature, very sensitive to the use of a sound, by lubricating the instrument with Cocaine Uugt., there was no further trouble in its passage.

Cocaine Ointment for Piles.—Dr. F. A. Burrall writes: "Please mention in your coca literature that the coca leaves treated with heated lard and an alkali, form an ointment resembling stramonium ointment, which seems to possess soothing properties. Applied to the tongue it leaves an impression similar to that produced by a solution of muriate of cocaine. This ointment, prepared at my request by a leading pharmacist of this city, has been used in three cases of hemorrhoids with the effect of alleviating pain. The muriate of cocaine will, I think, be found of service in such cases, and this alkaline ointment is also worthy of further trial as a local anodyne."—*N. Y. Med. Record*, Dec. 13th.

Laxative Sugar.

℞	Rochelle salts	parts 10
	Sugar of milk	parts 30
	Oil of lemon	sufficient to flavor

Mix.—Dose, one or two teaspoonfuls, with milk or coffee, at breakfast.

—*Med World*, Dec.

Lead Constipation—Alum.—Prof. Bartholow says that alum is the most efficient purgative in lead constipation.—*Col. and Clin. Record*, Dec.

Paraldehyde as a Hypnotic.—The use of paraldehyde as an hypnotic, pure and simple, is rapidly extending among European practitioners. Sleep produced by this drug comes nearer to the natural "sweet restorer" than any yet induced by artificial means. It is said to have no bad sequelæ, and, best of all, its use does not induce a habit which is hard to break. It is administered in doses of from forty-five to sixty grains, generally mixed with rum and sugar as a vehicle. Rum toddy taken at bed timeis no bad hypnotic by itself.—*National Druggist*, Dec.

Falling of the Hair.—

℞	Glycerine	ʒ iv.
	Tannin	℈ i.
	Tinct. cantharides	ʒ i.
	Ol. capsicum	gtt. x.

M.—Moisten the scalp morning and evening.

—*Med. Summary*, Nov.

BOOK NOTICES.

A Practical Treatise on Fractures and Dislocations.—By Frank Hastings Hamilton, A.B., A.M., M.D., LL.D., late Professor of Surgery in Bellevue Medical College and Surgeon to Bellevue Hospital, New York; Consulting Surgeon to Hospital for Ruptured and Crippled, to St. Elizabeth Hospital, etc. Seventh American edition, revised and improved. Illustrated with 379 wood-cuts. Philadelphia: Henry C. Lea's Son & Co.

This classic work has been before the profession for a quarter of a century, and its present appearance, in its seventh edition, unites all that was valuable and worthy of perpetuation in the first edition with the true advances which have marked the course of surgery during the intervening years. The revision which the work has undergone since its last edition has necessitated a very considerable increase in its size; it now appears in a volume of over 1,000 large octavo pages.

The mechanical part of the book is in strict keeping with its scientific and literary excellence.

Lectures on the Principles of Surgery.—Delivered at the Bellevue Medical College by W. H. Van Buren, M.D., LL.D. Edited by Lewis A. Stimson, M.D. D. Appleton & Co., New York, 1884.

The volume under consideration is prepared from the manuscript lectures of Dr. Van Buren, and is presented to the public, not as a complete treatise on the principles of surgery, but simply as that presentation of them which he, in his large experience as a teacher and a more than usually successful surgeon, thought to be of the most practical value.

A Manual of Medical Jurisprudence, with Special Reference to Diseases and Injuries of the Nervous System.—By Allan McLane Hamilton, M.D. London and New York: Bermingham, 1883. This handy volume, from the pen of one of the consulting physicians to the insane asylums of New York City, is a welcome addition to medical literature, in which there has been an opening for a not too lengthy volume concisely treating of lunacy and injuries of the nervous system in their forensic aspects, and yet embracing all that is both valuable and new. The volume before us is only intended as an elementary treatise and book of reference for both lawyers and medical men. It appears to fulfil its promise, and will prove very serviceable to the busy practitioner, who has not time to consult larger works. It is enriched with details of numerous cases, mostly taken from United States law-reports, many of which are new to us. Dr. Hamilton is evidently well read in the European and American literature of psychology, and, we need hardly say, of large experience in lunacy.

A Text-Book of Practical Medicine.—By Alfred L. Loomis, M.D., LL.D. 8vo. 1102 pp. William Wood & Co., New York, 1884. Price $6.00.

The present work, as stated by the author, in the preface, is practically a revision and an elaboration of lectures delivered during the past eighteen years in the Medical Department of the University of the City of New York, in which he is Professor of Pathology and Practical Medicine.

The diagnosis, pathology, and therapeutics of all the diseases to which humanity is subject are set forth in this volume in a very compact and condensed form; and this, too, without deteriorating in the slightest degree from its value and completeness.

The Treatment of Uterine Displacements.—Including Prolapsus, Anteversion, Retroversion, Anteflexion, and Retroflexion. By W. Eggert, M.D. Second Edition, Illustrated. Chicago: Duncan Bros., 1884. 136 pp. 12mo.

The second edition of this little book has been rewritten, revised, and new remedies and a complete clinical index added. For the purpose for which it is intended it serves excellently, and with its appendix of eighteen pages is a great improvement on the first edition. We desire to congratulate the publishers upon their part of the work.

A Practical Treatise on Massage.—By Douglas Graham, M.D. 286 pages. New York: William Wood & Co. 1884.

Embodied in this excellent work are the results of over 1400 cases in which massage was practised, quite a sufficient number on which to base conclusions as to its indications and contra-indications. Such a well-written, concise, and complete treatise will doubtless do much to attract renewed attention to this important therapeutic agent.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE
EDITED BY
WALTER S. WELLS, M.D.

VOL. II. No. 2. February, 1885. WHOLE No. 14.

ZYMOTIC.

Fevers—General Treatment.—Professor Da Costa gives the following general rules for the treatment of fevers :

1. Reduce the temperature. The cold bath will do this most rapidly and certainly, but it is troublesome, and not altogether free from danger, and should therefore only be used as a last resort. Quinine in full doses is safer, and may usually be relied upon. It should not, however, be repeated too often, as it may produce alarming cerebral symptoms, with diarrhœa and general perturbation.

2. Lessen the rapidity of the circulation. Aconite is the best remedy here, especially if the pulse is full and frequent, but if the circulation is weak, digitalis will act better. Professor Da Costa does not, however, often give either. He prefers to endeavor to reduce the temperature, and so indirectly to control the circulation.

3. Keep up the secretions. Remove the waste of the tissues by diuretics, diaphoretics, and laxatives.

4. Nourish the patient. "Don't starve a fever." Give milk, beef-juice, and other light nutritious food in small quantities, but at frequent intervals. Give the patient plenty of fluids also. Slightly acidulated drinks will be found to be both grateful and beneficial.

Professor Da Costa's experience has been that typhoid-fever patients do better, as a rule, on the dilute nitro-muriatic-acid treatment than on any other of the many that have been proposed. It controls the diarrhœa to some extent and aids digestion. He generally orders twenty drops of it to be taken every four hours in water or syrup. The circulation is to be sustained at the same time, and the heart's action steadied by the administration of quinine in tonic doses—gr. vi–x daily ; or, better still, by alcohol in small and frequently repeated doses. If the discharges from the bowels exceed three a day, or if they are excessive in quantity, they must be lessened by opium or opium and bismuth ; or if the stomach be irritable, by opium and carbolic acid, or carbolic acid and bismuth. If these remedies prove unavailing, a combination of nitrate of silver or sulphate of copper with opium will usually be found effective.

For the tympanites, Professor Da Costa recommends cold-water applications to the abdomen, injections of vinegar and water, or turpentine stupes externally, combined with the internal administration of ol. terebinthinæ, gtt. v–x, and morphiæ sulph., gr. ⅓ every two or three hours. The latter plan will be especially valuable if the tympanites co-exist with a dry, glazed, and fissured tongue. The very high temperature that sometimes develops can be most safely and efficiently lowered by either the cold bath or by ice-water cloths on the abdomen.

The other complications are to be treated as they arise. — *Med. Bulletin*, January.

Borax as a Disinfectant Internally.—The *Comptes Rendus* of the French Academy of Sciences contains a communication from M. E. de Cyon, relating to the antiseptic properties of borax. In a previous address, M. de Cyon made known the result of his researches, which, while fully confirming the prior observations of Dumas as to the great antiseptic properties of borax, demonstrates the perfect harmlessness of this substance. Fifteen grammes and more per day may be introduced into the system without causing the slightest trouble. During these last six years M. de Cyon has been able to examine the excellent properties of borax and boric acid in all diseases produced by parasites and mi-

crobes. It is a grave mistake to judge of the efficiency of a disinfectant by the toxic effect it may have on the human system. Some antiseptics, regarded as infallible on account of the dangerous effects which their use would have on the human body, are perfectly useless against an invisible parasite, which, however, succumbs to a few grains of borax or boric acid. M. de Cyon feels justified in urging a trial of this powerful preserving agent in case of an epidemic. Taken in doses of five or six grammes per day, the borax will exert a direct action on the microbes in the intestines, and moreover, passing into the blood, could reach there the bacilli which might have penetrated there. M. de Cyon remarks that what has rendered well-nigh useless the ordinary means of disinfection is that their action is naturally limited to exterior parts of the body. It is only when the disease is fully established that the physician resorts to internal disinfectants, and then it is often too late. In summing up, M. de Cyon recommends, on the one hand, the use of borax or boric acid in solution for external application as a wash; on the other, the addition to food and drink of about six grammes of borax per twenty-four hours. — *Midland Med. Miscellany*, Dec.

Fevers—Diuretics.—Professor Gross considers pure water to be the best of all diuretics for fever patients. It will generally be found more agreeable and refreshing if given in the form of lemonade, to which a little acetate or bi-carbonate of potassium has been added.

In cases where the circulation is feeble, and a heart tonic, as well as a diuretic, is demanded, no better preparation can be administered than infusion of digitalis in from two- to four-drachm doses, several times daily, or citrate of caffeine in five-grain doses.

If, however, the pulse be full and strong, and a general sedative, diaphoretic, and laxative, as well as diuretic, effect be desired, Professor Gross recommends—

℞	Magnesiæ sulphatis	℥ij.
	Antimonii et potassii tart. . .	gr. $\frac{1}{10}$
	Morphiæ sulphatis	gr. $\frac{1}{8}$
	Tinct. aconitii radicis	♏j.
	Aquæ	ʒ ss.

M. Sig. For one dose, to be repeated as may be necessary.

—*Med. Bulletin*, Jan.

Treatment of Asiatic Cholera.—During the last cholera epidemic in Italy, Prof. A. Cantani had the opportunity of treating a large number of cholera patients. He has published the results of his observations in the *Deutsche med. Zeitung*, December 11, 1884. From this voluminous paper we take but the two following points as specially important.

In every case, where early in the cholera-diarrhœa, within one or two hours after its first appearance, the following injection was carried high up in the bowel, the outbreak of the graver disease was surely prevented, and a few injections invariably sufficed to put an end to the rice-water discharges:

℞	Infus. flor. chamomillæ .	2 litre.
	Acid. tannici	3-6 grm.
	Gummi Arabici	30-50 grm.
	Tinct. opii deodor. . .	30-50 drops.

In an orphan asylum most of the older persons had died of cholera when Prof. Pitone arrived, and at once instituted systematic injections of the above fluid. In every case amelioration of the symptoms at once set in, and forty-eight hours later all the patients were out of danger, while, according to Pitone's view, they would probably have all shared the fate of those who had died before he came, as so often happened in similar institutions of Naples during the last epidemic.

In the algid stage (of collapse), many a human life has been saved by the intravenous injection of a solution of common cooking-salt—chloride of sodium. It is remarkable to note the effect. After a litre has been injected into the vein at the arm, the patient, who already seemed dying, and appeared shrivelled, suddenly changes the expression of his face, the spasms cease, he seems visibly to gain in weight, the pulse at the wrist once more becomes perceptible, the voice loses its peculiar hoarseness, that fearful sensation of anxiety, so characteristic of cholera, and so ominous as announcing approaching dissolution, vanishes, and reaction sets in, thus saving life.

Notwithstanding all theoretical opinions to the contrary, Cantani strongly recommends these intravenous injections, and says that they have not failed him in a single case, and that he invariably saved the life of the patient, if the latter still evinced symptoms of life while he made the injection. No matter how severe the symptoms of collapse, if the heart's action can still be felt, reaction invariably sets in with-

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in from one to two minutes after the injection of the chloride of sodium, which seems at once again to fill up the impoverished vessels with fluid. A whole litre should at once be injected, and the fluid ought to have the bodily temperature. Cantani guarantees an effect as long as paralysis of the heart has not yet set in and power of absorption still continues, no matter how grave otherwise the symptoms may be.

In case the cholera visit us, it may be well to try both kinds of injections, the one in the prodromic diarrhœa, and the other in the final stage of collapse.—(Editorial) *Med. and Surg. Rep.*, Jan. 31st.

Warm Douching of the Head and Neck in the Insomnia of Continued or Eruptive Fevers.—Arthur J. Campbell, M.D., West Bolden, Newcastle-on-Tyne, writes :—In the *British Medical Journal* for December 6th there is an article on "The Cold Bath in Enteric Fever." In this, Dr. Alexander Collie condemns the practice of lowering the temperature by such means : first, because the temperature is not the primary disease ; secondly, because as good results are probably obtained without its use ; and, thirdly, because, in severe cases, the bath is contra-indicated by the cardiac weakness.

While I agree entirely as to the unsuitableness of such a proceeding as plunging a timid disease-weakened patient into cold water, I wish to point out what I consider a most pleasant and soothing method of employing a douche, especially indicated in sleeplessness, and not contra-indicated by cardiac debility ; the proceeding is neither novel, difficult, nor disagreeable, and is productive of the best results if efficiently performed.

The patient's shoulders having been wrapped in a sheet or blanket, and his ears plugged with cotton-wool, his head is supported over the edge of the bed (a suitable vessel being placed underneath to receive the water), whilst a gentle stream of warm water from the rose-spout of an ordinary watering-pot is directed over the head and neck. The watering-pot should be held at least eighteen inches above the level of the patient's head, and the douching may be kept up for three or four minutes ; the head should then be lightly dried with a towel, and the patient lifted into his ordinary position in bed. As a rule, sleep is produced within a short time.

In 1879, I was called one night to a severe case of scarlatina in a girl aged 13 years. Her temperature was high, the pulse very quick and feeble, the tongue brown ; sordes had collected about the mouth, and there was jactitation. The rash was very dark-colored, and her condition was rendered the more serious by sleeplessness, continuing for four days. On the day following my first visit, I administered the warm douche to her head and neck, the hair having previously been shortened. Within an hour after the process, she fell into a refreshing sleep, which lasted for about twelve hours, during which time she was disturbed two or three times for the purpose of administering food. The patient was soon convalescent, and I attributed her recovery to the timely relief given by the douche.

I could give other cases illustrating the usefulness of the warm douche in certain head-cases, but do not wish to encroach on valuable space.—*Brit. Med. Jour.*, Jan. 24th.

Field for Statistical Investigation.—It would be a good plan in hospitals to look up the mortality for each bed for a number of years and the number of cases of septic disease originating in each. We call to mind a hospital where during one year three or four surgical cases which had successively occupied the same bed had septic symptoms of some sort. It occurred to the house-surgeon to look up the record of that bed for a series of years back, and he found an unusual number of cases of septicæmia, erysipelas, etc., originating there.

It was then found that there was a defective sewer-pipe very near to the bed in question. The ward was temporarily vacated, cleansed, and the defect in the sewerage remedied. There has been no sepsis originating in the ward during the several years which have now elapsed.

Sir Andrew Clark has found that the corner beds in barrack rooms have a much higher sick-rate than others. His results are used as an argument in favor of circular wards.—(Editorial) *Northwestern Lancet*, Jan.

Odors Diagnostic of Disease.—All are familiar with the fetor of the air expired in cases of pulmonary gangrene. Likewise, the breath of patients suffering

from chronic copper and lead poisoning has a foul, strongly suggestive smell.

A peculiar smell of the breath in other diseases has been repeatedly noted by trustworthy observers. Thus, a urinous odor has been detected in the breath of patients suffering from retention of urea in the system from renal disease. The act of coition is stated by a German, whose name we cannot recall, to impart a very characteristic odor of the breath. It is needless to allude to disordered stomachs and constipated bowels, bronchorrhœa, decayed teeth, nasal catarrh, and numberless other conditions familiar to every physician as productive of a foul breath that often leads to a diagnosis upon the very entrance of a patient into the consulting office.

The fetor of uterine cancer is so proverbial that its very mention seems superfluous. *Apropos* of this offensive smell, Dr. Middleton Goldsmith, of Rutland, Vt., in a contribution to the New York *Medical Record*, November 29, 1884, entitled "Some New Facts and Considerations in the Diagnosis of Cancer of the Stomach and Cancer of the Pancreas," cites a case in which the eructations emitted a fetor identical with that of carcinoma uteri. Gastric symptoms usually met with in cancer of the stomach were not marked, though a pronounced cachexia was present. The autopsy revealed an encephaloid cancer involving almost the entire stomach. Upon being accidentally torn into, the organ emitted an overpowering stench identical with that having distinguished the eructations in life. Dr. Goldsmith says this fetor is not invariably present, but that, when it obtains, it may be regarded as pathognomonic of gastric cancer. The fact is well worth remembering.

Peculiar odors do not proceed exclusively from mucous membranes; the skin sometimes emits an unnatural smell in disease.

A pungent mice-like odor is said to be characteristic of typhus.

A sour smell is sometimes perceived to proceed from persons ill with acute articular rheumatism. We do not recall any reference in medical literature to a singular odor of the perspiration sometimes encountered in phthisical patients. But we recollect vividly two instances in which we were struck by this peculiarity. The first case was that of a man who had a very extensive consolidation of both apices.

The odor did not impress us specially, until a few minutes afterward upon approaching another patient, already stripped for examination, when the same odor met us, surrounding the man like a cloud. At once, without considering the rashness of the statement, we exclaimed to those about: "This is a case of chronic consolidation of the lungs." Luckily the examination sustained the diagnosis. In these instances the odor could not have been due to the medicines taken, as these were devoid of special scent. Whether there be any thing in this or not, peculiar odors associated with some diseases are so well established as to render the nose of the diagnostician any thing but superfluous.—*Jour. Am. Med. Ass'n*, Dec. 20th.

Purifying Sick-Rooms.—A disinfecting compound for purifying the atmosphere of the sick-room has been presented to the Berlin Medical Society. Oils of rosemary, lavender, and thyme, in the proportions of 10, 2½, and 2½ parts respectively, are mixed with water and nitric acid in the proportion of 30 to 1½. The bottle should be shaken before using, and a sponge saturated in the compound and left to diffuse by evaporation. Simple as it is, the vapor of this compound is said to possess extraordinary properties in controlling the odors and effluvia of offensive and infectious disorders.—*Med. World*, Jan.

Hamamelis in Epistaxis of Typhoid Fever.—Wm. T. Easley, M.D., Coffeen, Ill., writes: Henry B. English, æt. twenty-two, a railroad laborer, had been complaining of the usual symptoms of typhoid fever for several days. While sitting in his chair one afternoon he felt as though "something had exploded in his nose," which was followed by a profuse epistaxis of a violent nature. He called at my office at 4 P.M. On examination I found blood running down over the soft palate in intermittent jets, and oozing out at the anterior nares around the temporary plugs of cotton he had placed in his nostril. I introduced some nasal plugs, freshly saturated with tannic acid, which checked the bleeding immediately, and appeared to be permanent, but only proved to be temporary. I then resorted to the remainder of this class of astringents—alumen, gallic acid, etc., subsulphate of iron being the only ferruginous preparation resorted to. None of

these proving permanently successful, I remembered hearing of the hemostatic properties of hamamelis while attending lectures, and prescribed the fluid ext. in 3 ss. doses every fifteen or twenty minutes, as the emergency of the case demanded. The epistaxis was controlled immediately.—*Med. and Surg. Rep.*, Jan. 31st.

Salicylate of Sodium in Malaria.—Several months ago we published in the *Medical and Surgical Reporter* a series of observations regarding the effect of salicylate of sodium, and mentioned at that time that it was a very safe remedy, more reliable than quinine as a febrifuge, almost tasteless, easily soluble in water, and never causing tinnitus aurium. We then recommended more extensive trials in malaria, and we again do so to-day.

Not long since, salicylate of sodium was highly recommended as a preventive in yellow-fever.—*Med. and Surg. Rep.*, Jan. 3d.

NEUROTIC.

Muscular Nystagmus—Tumor of the Brain (?).—Dr. Banham introduced a patient to the Sheffield Medico-Chirurgical Society, whom he considered was suffering from tumor of the brain. There was partial hemiplegia, with some anæsthesia of the left side, slight paresis of the right side, deafness of the left ear, nystagmus of the left eye, and atrophy of both optic discs, especially of the left. Headache and vertigo were also occasional symptoms. The defect of sight and hearing had been progressing for the last four years, but no paralysis beyond slight weakness of the left arm appeared until January last, when one night he was suddenly seized with cramp and rigidity of the limbs, followed in a few hours by left hemiplegia. The affection of the right side had slowly developed since. The history of the patient and the negative results following specific treatment were entirely opposed to the hypothesis of the syphilitic nature of the disease. Dr. Banham inclined to the opinion that there was a tumor of the pons Varolii, implicating also the cerebellar peduncles; and that the sudden augmentation of his symptoms in January last was due to hemorrhage in connection therewith.—*London Med. Press*, Jan. 14th.

Tumor of the Corpus Callosum.—In the October number of *Brain*, Dr. Bristowe has written an able article on cases of tumor of the corpus callosum. The history and *post-mortem* appearances of these cases are given. The progress of the disease he describes as follows: First, the occurrence of headache and other somewhat vague symptoms of progressive cerebral disease. Second, the gradual onset of more or less well-marked hemiplegia. Third, the appearance, in a greater or lesser degree, of similar symptoms on the opposite side of the body. Fourth, the coming on of dementia, with drowsiness, loss of speech, difficulty in swallowing, and want of control of the rectum and bladder. Many other symptoms, of course, may occur, depending upon the condition of parts near the corpus callosum.—*Canadian Pract.*, Jan.

Chorea Treated with Continuous Inhalation of Chloroform, with Recovery.—Dr. Bostock (Liverpool Med. Inst.) read the history of a slightly built girl, in whom the affection was developed in most marked form. The patient was in the Royal Infirmary, under Dr. Davidson. Scarcely any food could be given or sleep obtained. The skin over the elbows and buttocks was broken through constant movement. All ordinary remedies were tried, such as conium, chloral, and bromide, in increasing doses, Calabar bean, and nux vomica, but with little benefit. She had to be restrained in bed. Chloroform was now given. This easily put her into a sleep that lasted two hours, and before complete consciousness was obtained food was got down. This plan was kept up for about eight days, when the chloroform was given continuously for thirty hours. She now became a little better. The limbs were wrapped in wadding, and the patient strapped down on to the bed. After this but little chloroform was required. She had passed the worst, and recovery took place. He thought chloroform was of service here, and tying down also.

Dr. Archer thought that, as a general rule, where there was much muscular action it was bad to restrain the patient, as more force was then expended than when no restraint was used. If arsenic and bromide were given and plenty of fresh air, recovery would take place.

Dr. Carter thought the life in the case reported by Dr. Bostock was saved by the chloroform. There was one remedy that was useful after quiescence had been ob-

tained, and that was strychnia in gradually increasing doses. One patient, a lad of 17, had taken doses of 1-5th grain. A primary matter was to produce quietude.

Dr. William Williams had had a case in which, after other remedies had failed, ether was applied to the spine, when the patient slept immediately.—*London Med. Press*, Jan. 7th.

Paralysis of Ulnar Nerve.—At the Liverpool Med. Inst. Mr. Puzey read notes of a case occurring after compound fracture of the forearm, relieved by operation. Patient (exhibited), aged 15, miller's assistant, was caught between a travelling-belt and a wheel, when fracture of both radius and ulna took place. Tolerably forcible extension was required to bring the ends of the bone into apposition. Some delay took place in union of the ends of the ulna, and grating was felt for a long time. Paralysis of all parts supplied by the ulnar nerve was now observed, and flexion of the ring and fourth fingers. The patient stated that there had been pain and numbness ever since the accident. The hand gradually assumed the bird's claw appearance. This was in April last. An incision was made over the outer surface of the ulna; the upper part of the nerve was found swollen and red, the part lying under a fibrous band was flattened, and that below this was round and pale. Seven days after operation sensibility was observed to be increasing. The finger-tips were still dead eight months after the operation, but sensibility had perfectly returned in every other part.—*London Med. Press*, Jan. 14th.

Irritable Spine and Spinal Myalgia.—In a lecture (*The Practitioner*) upon this subject, Dr. S. J. Gee says that the disorder is a real one and not hysterical, although it may be associated with hysteria. Although the patient often exaggerates her symptoms, it cannot be regarded as imposture, because it is unintentional and has underlying it a genuine disorder. Irritable spine means simply painful spine, either neuralgic or myalgic. In regard to treatment, as the patients are generally poorly fed, it is necessary in the first place to see that they take food enough, that it is of good quality, and that it is given sufficiently often. A moderate allowance of alcohol in the form of stout, ale, or wine may be reckoned as part of the food. The muscles must be well nourished, or the treatment will do little good.

Secondly, the muscles must be rested. The pain is of the nature of fatigue. The muscles of the neck and back cannot be rested unless the spine be supported in its whole length; the patient must lie on a couch or recline in a very easy chair with a long, high back, and with elbows, so that the weight of the arms is taken off the spine. Yet here also is a difficulty. A prudent man thinks twice, or a dozen times, before he condemns a young woman to the sofa. There is danger that she will never rise from it, and will be a burden to herself and all her friends and relatives for the rest of her life. Beware of insisting too much upon the repose of the couch; it were sometimes far better that they should continue to complain of their pains. In this dilemma the best advice I can give you is that you should recommend a certain amount of reclining, and carefully watch lest your patient show signs of becoming a slave to the sloth of the sofa. With the better sort of women there is little fear of this; they prefer an irritable spine to laziness.

Another means of resting the muscles, which perhaps occurs to you, is well-fitting stays. But on second thoughts you will see that stays do not come high enough to support the head and shoulders; and it is here that spinal myalgia most commonly shows itself.

Local applications to the spine, more or less anodyne, are useful; warmth, for instance. Our patient declared she was much relieved by a douche of hot water to the spine. Belladonna liniments are useful.

Lastly, I think that patients who have once developed an irritable spine seldom altogether lose it, or at least they will seldom confess that they are altogether free from pain in the back.—*Phila. Med. Times*, Jan. 10th.

Atropia in Severe Electric Shock.—The following is selected from cases reported by Wm. G. Eggleston, A.M., M.D., Philadelphia, Pa.: A. F. R——, forty-two years of age, a strong and powerfully built man, was seen, January 9, 1884, at 10.05 P.M., a few minutes after he had come in contact with an electric-light wire. He was limp and unconscious; occasional contractions of the hands and fingers;

pupils widely dilated; respirations shallow, jerky, slow, and sighing; pulse irregular, very slow, and feeble; head thrown back; occasional shivering. A hypodermatic injection of one-eightieth grain of sulphate of atropia was given at 10.17. The unconsciousness and the pharyngeal spasm were such that the patient could not swallow fluids, and brandy and ammonia were injected into the median cephalic vein. At 11 P.M. the pulse was excellent; respirations still somewhat jerky; hands have contracted twice in twenty minutes. 11.45—respiration getting shallow again; pulse getting irregular and more feeble; contractions of hands and feet more frequent; one-eightieth grain of atropia, injection of brandy and ammonia. At 12.15 system had fully responded to medicine, and at 1 A.M. had so far improved that brandy and ammonia were administered *per os*, though consciousness had not returned. These stimulants were kept up every twenty minutes in small quantities until 3.05 A.M., when he sat up and asked for water. For more than a week afterward he complained of photophobia and frontal headache, and of great weakness in his limbs. Within three weeks these had so far disappeared as to give him no uneasiness or trouble. It may possibly be objected that too much stress is laid on the value of the atropia, seeing that brandy and ammonia were also administered. But while by no means underrating these stimulants, I cannot regard them so valuable as atropia.

Besides the treatment of these cases, attention is called to the symptoms. If the limp condition of the patient generally, the contracted hands and possibly feet, the slow, shallow, irregular, and feeble pulse, the contracted pupils (generally, for they may be dilated, or one may be dilated and the other contracted) usually insensible to light, the lowered temperature, and other minor and accidental symptoms, as feeble convulsions, backward position of the head, and pharyngeal spasm, be carefully noted, there need be no especial difficulty as to the diagnosis.

Better indications than the above-described symptoms could scarcely be desired for the exhibition of atropia. The predominating symptoms are those of extreme cardiac and respiratory depression. Atropia not only increases the number and vigor of the heart-beats, but "the area over which the pulsations are distributed is enlarged. The number and depth of the respiratory movements are also increased by it. The more rapid action of the heart, the increased respiratory movements, the contraction of the arterioles, result in an increased supply of blood to the periphery, * * * and consequent elevation of temperature. Atropine may be given to counteract a sudden and temporary depression in the heart's action."—*N. Y. Med. Record*, Jan. 31st.

Mechanical Shock.—Mechanical concussion differs from lightning stroke in that it does not increase the tension of the venous blood. It paralyzes the muscular system through the nervous, and it is probable that after such paralysis it were better to endeavor to secure restoration by the application of warmth and the administration of a stimulant, than by abstraction of blood. And yet Dr. Richardson, in the *Asclepiad*, cannot avoid the suspicion that in some cases of mechanical shock our forefathers did right in drawing blood. There is a condition of reaction after recovery from the paralysis of shock in which the heart, recovering first from the general shock, pours into the feebly-resisting capillary vessels a full volume of blood, leading to what is called congestion of the vascular organs, and to secondary mischiefs resulting from congestion. In these circumstances the pulse becomes resistant, the veins full, the breathing labored, and the body hot, while the unconsciousness from the paralysis passes into unconsciousness from coma. Both theory and two cases of practice convince Dr. Richardson that it is good to draw blood in such cases. —*Medical Age*, Jan. 26th.

Ataxy Following Diphtheria.—Berwald (*Berliner klinische Wochen.*) adds another to the very few cases recorded in which ataxy has been a sequel of diphtheria. After the diphtheritic attack the patient had weakness of the legs with staggering gait and inability to stand with the eyes closed. He suffered from darting pains in the arms and legs, with tightness in the calves of the legs, and numbness of the hands and feet. The patellar reflex was altogether absent, but electric irritability was unaltered, and there was no change in the sensibility when tested in any way. The patient made a complete recovery from the ataxy.—*Edinburgh Med. Jour.*, Jan.

Hydrochlorate of Apomorphine in Hystero-Epilepsy.—M. Laurencin, *interne des hôpitaux*, writing in *Lyon Médical*, states that he has employed subcutaneous injections of hydrochlorate of apomorphine in the treatment of this affection, with excellent results. He employed a solution consisting of fifteen centigrammes of the hydrochlorate and thirty grammes of distilled water. Two injections generally sufficed to cut short an attack.—*Med. Herald*, Jan.

Ascarides as a Cause of Tetanus, Chorea Minor, and Perforation of the Bowel.—In the *Vratch*, No. 29, 1884, p. 581, Dr. F. D. Vishnevsky, of Sapojok Zemsky Hospital, details three interesting cases, one of which refers to a boy, aged fourteen, with tetanus and trismus. Absence of any traumatic causes, an increase of convulsive symptoms when the patient was fasting, and the disappearance of dilatation of the pupils after meals, made the author suspect the helminthic nature of the disease. Accordingly, on the third day santonin was given. On the fourth, the patient discharged twenty-five long ascarides, and a great relief followed. On the sixth day the patient was well. In the second patient, a peasant woman, aged twenty, ascarides produced severe chorea minor of two weeks' duration, with extreme prostration from sleeplessness. The choreic movements greatly lessened after the discharge of ten worms, and entirely ceased in another two days. The third patient, a peasant, aged twenty-seven, was brought into the hospital with general peritonitis. In four days after the first symptoms, the patient died. The *post-mortem* examination detected seven ascarides in the peritoneal cavity. There were found three slit-like perforations in the intestinal walls, surrounded by a slight red halo and swelling. Any signs of ulceration, or any traces of fresh or old typhous, dysenteric, or tuberculous processes, were entirely absent.—*London Med. Record*, Jan.

Relation between Sick Headache and Astigmatism.—Mr H. Bendelack Hewetson read a paper on this subject at the Leeds and West Riding Medico-Chir. Society, and showed six cases, as well as relating the notes of several others, in which patients of ages from twelve to thirty-six had been for many years the victims of periodic attacks of migraine. Between the attacks of migraine there had been chronic dyspepsia and vertigo in walking, in several of the cases. Two could bring on an attack of vomiting by sewing. All had some form of astigmatism, either mixed or compound, hypermetropic or myopic. All were completely cured by wearing proper correcting cylinders constantly. Mr. Hewetson believed that, when astigmatism of an abnormal character (or in some rare cases even a simple state of hypermetropia) existed in a neurotic subject, it might be the entire cause of periodic sick headache, with its accompanying dyspepsia, and could be cured by suitable glasses, constantly worn. Astigmatism in one eye, or eyes of varying degrees of optical error, would cause the same condition in neurotic subjects.—*British Med. Jour.*, Jan. 3d.

Chloral in Chorea.—Dr. Mosler (*Norsk Magazin*) relates a case of very severe general chorea in a girl eighteen years old, in which a speedy cure was obtained by chloral. After morphine and arsenic had been given for two weeks without effect, chloral was exhibited in thirty-grain doses, at first four times, then twice, and finally once a day. On the very first day the patient slept soundly, and at the end of a week the choreic movements had ceased entirely. It is worthy of note that the onset of the chorea was preceded by the toothache, a circumstance which has been remarked by other observers.—*Med. Bulletin*, Jan.

The Cerebral Arm Centre.—Dr. J. Wiglesworth read a note at the Liverpool Med. Inst., on the cerebral arm centre (with specimen). The specimen was a brain removed from a female epileptic, who had died at the Rainhill Asylum, aged fifty-six. Her left arm was amputated when she was four years old, leaving only a movable stump remaining, so that for fifty-two years she had had a nervous centre with but little to do. It was to be expected that the brain would show this in imperfect development of the centre for arm movement. The specimen showed that the inference was perfectly correct, the ascending parietal convolution of the right side being not more than half the size of that of the left.—*London Med. Press*, Jan. 14th.

Papaverin in Malarial Headache.—In the *Vracheb. Vedom.*, 1883, No. 571, p. 4034, Dr. A. S. Krasovsky, of Batum,

writes that he successfully treats malarial cephalalgia of moderate intensity by the administration of muriate of papaverin, one sixth of a grain, in powder or in mixture, with hydrochloric acid, every hour until relief ensues. A a rule, papaverin causes also co-existing pain in the bones and in the calves of the leg to disappear.—*London Med. Record*, Jan.

Globus Hystericus—Tinct. Pyrethrum.—In the *Centralblatt für Gynäkologie*, Dr. Roth regards globus hystericus as due to a paræsthesia of the sympathetic. And as the pellitory root has been found useful in paralysis of the tongue and pharynx, the author was led to try it in globus. He gives from ten to twenty drops of the tincture of pyrethrum four times a day. He reports six cases in which he employed this remedy with satisfactory results.—*Med. and Surg. Rep.*, Jan. 3d.

Paralysis Agitans—Hyoscyamine.—Remarkable curative effects have followed the administration of hyoscyamine in paralysis agitans, at the clinic. In some cases it is alternated with liq. potassii arsenitis in small doses.—*Col. and Clinical Record*, Jan.

RESPIRATORY.

Rhinoliths.—Dr. E. Schmiegolow (*Nordiskt Mediciniskt Arkio*) gives the case of a rhinolith in a man 58 years of age who suffered for sixteen years from purulent and fetid discharge from the left nostril, complicated by a complete obstruction of that half of the nose. For five or six years every time that he became overheated, an abundant cold sweat manifested itself over the whole of the left side of the head. This phenomenon had disappeared for the last four years. The left cavity of the nose was filled by a hard body which, under the shape of a fork, surrounded the inferior turbinated bone. He was satisfied that he had a rhinolith to deal with, for it was not supposable that the bony tissues could furnish a sequestrum without some deformity, which did not exist. The stone was removed in two sittings by means of lithotripsy. It was composed of uniform layers without any nucleus, and contained but a small quantity of organic matters, among which not a trace of oxalic acid could be found. The inorganic matters formed the greater part of the stone, and they consisted principally of phosphate of lime, phosphate of magnesia, carbonate of lime in small quantity, and traces of chlorides. The rhinoliths are very rare, and only 20 cases are to be found in the literature of the subject. What adds to the interest of rhinoliths, after their great rarity, is the difficulty in diagnosticating them. A great number of these cases are treated for years as necroses of the bony tissues of the nose, or as malignant tumors of the nasal cavity. The treatment consists in their extraction as a whole or after lithotripsy. If the stone is too large to be removed by a single operation, or too hard to allow of lithotripsy, it is necessary to detach the nose from its insertion to make more room.—*Jour. Amer. Med. Ass'n*, Jan. 10th.

Caries of the Cricoid Cartilage.—The following case specially adapted to mislead the most experienced diagnostician, is published in the *Annal. des Malad. de l'Oreille et du Larynx*, 1884, 7, and is of great interest on account of its diagnostic importance:

A dealer in wines, æt, 38, had for two months been losing flesh decidedly without his having any cough or apparently suffering from any disease, except a certain hoarseness in his voice and a pain on deglutition, which later showed itself whenever the patient swallowed solid food. Four weeks later, nightly attacks of suffocation and a daily increasing dyspnœa were added to the symptoms. Except a slight difficulty on divergence of the vocal cords, nothing abnormal could be detected; neither revealed the examination of lung and heart any morbid condition. Within one week the difficulties greatly increased, and the examination again made with the laryngoscope now revealed immobility of the cords in the median line. Tracheotomy, at once performed, procured some ease, but a rather intense pain, felt at both sides of the larynx, still persevered. About a month later, the vocal cords moved somewhat better, but had become red and slightly swollen, and the same was observed of the external arytenoid region. The general emaciation of the patient progressed in such a degree as to make a skeleton of him, and the pain on deglutition increased in severity. The sputum commenced to contain tubercular bacilli, and over the left apex crepitant râles were perceived. Six

weeks later the patient presented a sad picture; the wound made by tracheotomy assumed a malignant aspect; the lower margin of the thyroid cartilage was laid bare, being ossified and necrotic; there was complete aphonia, and the vocal cords and the aryfold were infiltrated.

The patient died, and the post-mortem examination revealed the following: Both lungs were thickly sown with tubercles, and the original disease, caries of the cricoid cartilage, was discovered. It formed an ossified, rarified, and purulent mass, which penetrated into the œsophagus and had caused a thickening of the arytenoid region. It is possible that the life of the patient might have been saved, if the exact diagnosis of the condition of the cricoid could have been made at the very beginning, and the cartilage had been removed.—*Med. and Surg. Rep.*, Jan. 3d.

Complete Aspiration.—David Christie, L.R.C.P.Ed., etc., Medical Officer of Rossguill Dispensary, writes:—

For some years past there has been much written regarding the use of the aspirator in cases of pleuritic effusion, and the talent displayed on this subject is creditable to the medical profession; but in using the aspirator there has been one thing omitted that mars or nearly destroys its utility. I have waited more than two years for some one to find it out, but, strange to say, in vain.

The thing is as simple as making an egg stand on its end *when you know it*, and the only mystery about it is that no one seems to have thought of it. I have tried partial aspiration as it is usually performed, and find that the pleural cavity refills in a short time; after complete aspiration it does not. The way it is managed is very safe and simple. I put a broad bandage round the chest that can be laced behind like a corset; then, as I pump the fluid *out*, I press the ribs *in* by tightening the bandage. I think when I do so it is unnecessary for me to explain that I prevent any internal organ from being displaced (at the same time keeping them at a proper pressure), and the ribs by their elasticity from acting as a suction pump to cause a re-accumulation of fluid. I allow the bandage to remain on for some days. Any one who understands the action of a pump and a syphon requires no further explanation. Many imagine they do, but are mistaken; these I would advise to consult "Ganot's Physics." After a certain amount of fluid has escaped, dragging pains set in. Tightening the bandage instantly gives relief. Alternate aspirating and lacing should be continued until all is removed; then there is likely to be a fit of spasmodic coughing; the patient may spit some frothy mucus tinged with blood, but all such symptoms pass off in a few minutes, and do not return—at least, that has been my experience.

I may add that the needle should be put in at such an angle that, after piercing the costal pleura, the point can be made to touch it again, so that when the pleuræ approach each other the lung may not be wounded; and when necessary the pleural cavity should be made antiseptically clean. *London Med. Press*, Jan. 28th.

Intra-Pulmonary Injections. — Dr. Beverly Robinson, writing of the "Utility to patients suffering from pulmonary phthisis of intra-pulmonary injections," says: I esteem it to be a real advance in the treatment of pulmonary consumption. We all know what treatment by the old method means for the vast number of unfortunate beings who crowd our city dispensaries and hospitals. With the three late methods presented to the profession, viz., supe-ralimentation, continuous dry inhalations, intra-pulmonary injections, many patients will yet be saved who, with cod-liver oil and the hypophosphites alone or added to other resources usually employed, would most certainly die. Nothing prevents us from using all previous means to help our phthisical sufferers, but I would also make a very urgent plea for those I have just mentioned.—*N. Y. Med. Jour.*, Jan. 10th.

Non-Penetration of the Lining False Membrane—Danger in Tracheotomy. — Ashby G. Osborne, Dover, reports the following rare case: In a recent operation for laryngo-tracheotomy, on a child about four years old, for croup, where the general condition and the absence of lividity seemed to promise a favorable result, I was baffled at finding, after the insertion of the tube, that but one feeble inspiratory effort with the well-known "whiz" of entering air was made, and that artificial inflation failed to distend the lungs.

Though an examination with the finger

showed that the tube had entered the windpipe, artificial respiration was fruitless, and I had the pain of seeing my little patient die during the operation.

A necropsy revealed the difficulty; the opening into the larnyx had been made rather on the right side of the median line, and Fuller's bivalve tracheotomy-tube had passed down between the trachea and the false membrane, thus pressing together the sides of the lining tube of false membrane, and preventing the passage of air.

A freer opening into the larynx or trachea would render it less likely that a false membrane could escape division; and I hope, by placing this failure on record, that more stress may be laid on the importance of this point, as from the silence of those who have frequently operated, it would appear that this source of danger has not often been met with.—*British Med. Jour.*, Jan. 17th.

Medical Treatment of False Membranous Croup.—De Lille Par Couetoux recommends (*Jour. des Sciences Méd.*) the following treatment in false croup, because it is efficient and easily carried out:

1. With the beginning of the case ipecacuanha is administered as an emetic.

2. The larynx and pharynx are pencilled with a 10 to 20 per cent. solution of sulphuric acid in glycerine every three or four hours.

3. The following antiseptic mixture, which acts as a curative and as a prophylactic, should be ignited and burned in the sick-room:

℞	Acid carbolic	280.00
	Acid salicylic	56.00
	Acid benzoic	112.00
	Spir. vini. rect. . . .	468.00

The fumes of this are inhaled and are quite agreeable.

4. A solution of chlorate of potash, 5:150 parts of water, in teaspoonful doses every two hours should be given internally.

5. Every three hours good nourishing food, milk, eggs, and meat, should be given.

6. The clothing of the patient should be disinfected by a solution of sulph. cup., 50 : 1,000, or chloride of lime 80 : 1,000.—*Cin. Lan. and Clinic*, Jan. 31st.

Simple and Effectve Method of Clearing the Tracheotomy-Tube After Operation. — W. Muir, M.D., writes: There are unfortunately too many modern instances of medical men who, like the late Mr. Samuel Rabbeth, have run the risk of death, in their endeavor to clear the tracheotomy-tube, "by the application of the mouth, and sucking" of that exceedingly tenacious mucus always present in diphtheritic cases. In order to obviate, if possible, the necessity for such a proceeding, I venture to suggest that one or two of the long or primary feathers from the wing of the ordinary barn-door fowl should always be laid in readiness on the table, among the instruments considered indispensable for this operation. By the insertion of this simple instrument through the tube into the trachea, and gently twirling it once or twice between the thumb and forefinger, the glutinous secretion becomes inveigled in the barbs and barbules of the feather, and may be drawn forth more effectively, I believe, than by any form of suction that can be brought to bear on the tracheotomy-tube. — *British Med. Jour.*, Jan. 24th.

Tracheotomy Without a Tube.—The danger and inconvenience connected with the tracheotomy-tube *per se*, are sufficiently great to have aroused a desire for some device which would obviate them. The matter was the subject of discussion before a late meeting of the Philadelphia Academy of Medicine. Dr. J. B. Roberts said he had had so much difficulty in keeping the tube clear that he had discarded it entirely, and instead cut out a rectangular piece of the trachea and stitched the edge of the opening to the skin. He found this to answer better than the double canula which is liable to become choked with secretion. Dr. Packard had operated in this manner, but feared to adopt it as a general rule lest constriction of the trachea occur through cicatrization of the opening on healing. He instanced one case in which this had occurred. He thought the testimony in favor of tracheotomy without a tube was, however, very strong. Dr. J. H. Brinton recalled two cases in which the tube had been dispensed with. The membrane was readily ejected, and there was far less trouble than from the tube. Both cases, however, died from the diphtheritic infection. Dr. Nancrede regarded the danger from ulceration from the irritation of the tube as sufficiently great to warrant the adoption of such a substitute for it as had been suggested, and the sentiment of the meeting was in favor of according a trial to

the method of performing tracheotomy which should dispense with the canula.—*Medical Age*, Jan. 10th.

The Aspirator after Tracheotomy.—So frequently does it happen that disease and death follow the removal of secretions from the trachea by suction, that, before resorting to it, a thorough trial of all other means at our command should be made. Dr. Dupuis (*Canada Lancet*) has used and recommends the aspirator in similar cases. A small tube, about eighteen inches in length, is attached to the instrument in place of the needle. This is introduced through the tracheal wound as often as accumulated secretion causes trouble. A writer in the *London Lancet*, after claiming to have used the aspirator in this way during the past nine years, alludes to the defects in the apparatus owing to the air being drawn into the trachea by the side of the suction-tube, and recommends the addition of a piece of wash-leather about 6 x 6 to the tube. A piece of vulcanite tube is passed through the small hole in the centre of the wash-leather, which is tied firmly. The suction-tube is then passed through this and into the trachea. The wash-leather is moistened and spread over the neck of the patient, and effectually prevents the entrance of air alongside the tube.—*N. Y. Med. Record*, Jan. 24th.

Asphyxia from Blood in the Trachea.—Bigelow's method of relieving asphyxia from blood in the trachea, as related by Dr. Beach, is to quickly pass an elastic catheter through the tracheal wound, down the trachea, beyond the obstructing clot, and through forcibly inflating, thus dislodging the clot.—*N. Y. Med. Journal.*

Laryngismus Stridulus.—In a clinical lecture on this complication of rickets, Professor Widerhofer (*Allg. Wien. Med. Zeit.*) recommends traction of the tongue during the attack, to prevent closure of the glottis, or sprinkling cold water in the face. In the intervals he gives bromide of potassium, and regards this as almost a specific for these spasmodic attacks. The remedy must be given in rather large doses, four grains morning and evening, gradually increased to eight grains. In one or two days, he claims, the attacks will have wholly ceased to occur.—*London Pract.*, Jan.

Pulmonary Complication in Erysipelas.—Deschamps (*Gaz. Hebdom. de Méd. et de Chir.*) says erysipelas may spread along the lining membrane of the bronchial tubes and of the pulmonary alveoli, and this is called by him bronchopulmonary erysipelas. In other cases erysipelas may, like other infectious fevers, cause a pulmonary inflammation, which is constitutional, and not local in its origin. The two forms can be distinguished by their mode of onset.—*Detroit Lancet*, Jan.

Ground Glass a Cause of Lung Disease.—It is not generally known that the elaborate icing that imitates frost and ice on Christmas cards is done by scattering particles of ground glass over gummed cards. These tiny atoms penetrate the lungs of the poor girls employed in the manufacture, and either kills them or renders them very soon almost helpless invalids. The danger is so well understood that few English girls can be found to undertake the business.—*Midland Med. Miscl.*, Dec.

Inhalant.—At the Throat Hospital, London, the following is much used as an inhalant: Oil of Scotch pine (fir), 2 fluid-drachms; carbonate of magnesia, 1 drachm; water, sufficient to make 3 ounces. A teaspoonful is put in a pint of water at 150° F., and used at each inhalation.—*National Druggist*, Dec.

Sweating of Phthisis.—For the sweating of phthisis, Prof. Bartholow advises:

℞ Acid. gallici . . . . 3 ss
Ext. belladonnæ . . . gr. ij M
Ft. pil. x. . . . . .
Sig.—Two pills at bedtime.

—*Col. and Clin. Record.*

Capillary Bronchitis—Tart. Emetic and Opium.—Professor Bartholow states that acute and capillary bronchitis will often be relieved by tartar emetic and opium, if the stomach is not in too irritable a condition.—*Med Bulletin*, Jan.

Cough—Ergot.—James Allan, M.D., Leeds, writes: In answer to your correspondent "J. C. H.," I have to state that the preparation of ergot used was Bonjean's ergotin, given either hypodermically in two-grain doses, or the same preparation given as a draught in water, in doses of four to six or eight grains. There are many preparations of ergot, such as the liquid extract, that may be quite inert. Ergotin may be tried for cough under almost any circumstances; I have used it extensively, and in very varied cases, without bad effect in any. —*British Med. Jour.*, Jan. 24th.

CIRCULATORY.

Chlorosis.—From his researches on the blood of chlorotic patients, Petrone concludes that there is in these cases slight decrease of corpuscles, that the white corpuscles are normal, that there is not excess nor defect of albumen, that the red corpuscles have lost in specific gravity and the quantity of hæmoglobin, that in the hæmoglobin the quantity of iron is diminished, and that in the red corpuscles the percentage of alkaline bases, especially potash, is lessened. He explains the clinical picture of chlorosis by the defective number of red corpuscles, and by the anomalous constitution of the blood. The greenish tint of the skin is due to the special chemical modification which the pigment of the Malpighian body undergoes, as a consequence of the imperfection of the red corpuscles, and especially as a consequence of the diminution of potash. As to the pathogenesis, the author says he attributes no importance to the constitution, and to the anomalies of the vascular system described by Virchow. He concedes the importance only of morbid complications influencing conditionally the development, gravity, and pertinacity of certain cases of chloro-anæmia. Narrowness of the aorta and of its ramifications is not constantly found in the necropsy of chlorotics. He insists on the difference which exists between vascular hypoplasia and hypoplasia of the blood. These defects of formation may be associated or separate. In chlorosis, it is more frequent to have hypoplasia of the blood without vascular hypoplasia. This condition being congenital, the anomaly of the blood is susceptible of transitory improvement, but never of complete or durable cure. On the other hand, it is curable when it is only the transitory pathological product of passing and acquired disturbances of hæmatopoësis (psychical influences, menstrual disturbances, etc.). According to Petrone, the advantages in chlorosis with Blaud's pills are to be referred rather to the carbonate of potash than to the sulphate of iron. The carbonate of potash supplies the organism with the deficient potash. Lime and soda should be given at the same time, as they also are deficient. He thinks cure may often result from pregnancy, and has seen many chlorotics improve while pregnant.—*London Med. Record*, January.

Cardiac Weakness—Cocaine Hypodermics.—At the last meeting of the College of Physicians, Philadelphia, Professor Da Costa called attention to the hypodermic use of cocaine in cases of cardiac failure and weak heart. He had found that doses of one third to two thirds of a grain strengthened the cardiac systole, and, as shown by the syhygmograph, the pulse became fuller, stronger, and a little slower. Given in this way it was observed that the pupils became dilated, but the effect upon sensibility of mucous membranes was only slight, and not comparable to those following its local employment. Injected into the skin it produced a wheal which was insensible, but thrown under the skin no local anæsthesia was produced.—*Boston M. and S. Jour.*, Jan. 1st.

Changes in the Heart and Vascular System in Acute Nephritis.—F. Riegel (*Zeitschr. für klin. Med.*, Band vii.) recalls that he has previously drawn attention to the high arterial tension existing at the beginning of acute nephritis; that Galabin on clinical grounds affirmed the existence of cardiac hypertrophy in this disease; and that Friedländer had demonstrated this fact by *post-mortem* examination in scarlatinial nephritis, the hypertrophy affecting both ventricles, but especially the left. Riegel has investigated this point in the same disease, and found that the intravascular pressure rises from the appearance of albumen in the urine, the heart's action being retarded and sometimes irregular. As the nephritis passes off, the arterial tension diminishes, and the heart's action is accelerated. An enlargement of the heart due to simple dilatation is only met with when the intravascular pressure is considerably elevated; it is always secondary to the occurrence of increased intravascular pressure. These facts were ascertained to exist in other forms of nephritis. He regards the prognosis as dependent more upon the state of the arterial tension than upon the degree of albuminuria present.—*London Med. Record*, Jan.

Reaction from Exposure to Cold—Bloodletting.—The following is selected from an article by Dr. Richardson, in the *Asclepiad:* In cases in which the body has been exposed to what may be correctly called the shock of extreme cold, we have, during the reaction, a series of symptoms

similar to those which follow the reaction after the shock from a blow or concussion—the same hard pulse, tense vein, and congestion. When these cases end rapidly, they are usually returned as cases of acute congestion of the lungs, while in truth there is not congestion of the lungs alone, but of the whole vascular organs. To draw blood in this stage is, in the opinion of the author, simply to cure off-hand, as his experience has amply demonstrated.

The other conditions enumerated as those in which the abstraction of blood is indicated, are cases of cardiac congestion and of cardiac apoplectic coma. The author wisely reiterates the caution against the practice in confirmed inflammatory conditions, where, upon congestion, structural change of some important organ has supervened, where the temperature is persistently high, the skin dry, and the tongue furred. In the above outline we have indicated the conditions in which the author affirmatively and firmly declares in favor of one of the oldest and grandest of remedies, which he would fain once more bring out to the full light of day, place on a scientific basis, and reclaim and reform it.—*Med. Age*, Jan. 26th.

The Heart in Pneumonia.—De Giovanni (*Gaz. Med. Ital.*), in an examination of thirty cases of pneumonia, found an increase in the cardiac area in all. He claims that there is always an increase in volume, and that the nervous system is the chief but not the only cause of this condition. This affects the circulation and through it the temperature of the body, now checking and now encouraging the radiation of heat. General prostration and profuse sweating favor dilatation of the heart. If there is early and persistent dilatation we may know the case will not progress favorably, and can manage our treatment accordingly.—*Detroit Lancet*, Jan.

Mitral Lesion—Nitro-Glycerine.—At the clinic, Prof. Bartholow gave nitroglycerine to a patient with a mitral lesion causing pulmonic and renal congestion, albuminuria, and general œdema. He thinks it the best thing we have for congestion of the kidneys, and valuable to take work off the heart, by lowering the tension. It does not interfere with nutrition, like digitalis. One drop of a one-per-cent. solution, slowly increased to flushing of the face, is the dose.—*Col. and Clin. Record*, Jan.

Angina Pectoris—Nitrite of Potassium.—Dr. J. M. Taylor (Philadelphia Neurological Society) spoke of the use of nitrite of potassium in angina pectoris. In an aggravated case of angina pectoris he had obtained very good results with nitrite of potassium. The patient had been suffering for over a year with paroxysms of increasing intensity, until death seemed imminent. After giving the nitrite of potassium for four weeks the patient recovered. Nitrite of amyl was used sparingly, to control the paroxysms.—*Medical Times*, Jan. 24th.

Lightning Stroke-Bloodletting.—The older men in physic always opened a vein in such cases, and their experience is fully corroborated by experiments conducted by Dr. Richardson. He found that a full-grown sheep could be instantaneously and fatally struck down by a discharge from a Leyden jar. Laid on a bench after such a shock, animals were apparently dead, and actually dead if let alone, but if instantaneously bled freely from the neck they soon began to breathe. The *rationale* of this treatment lies in the fact that the electric shock creates expansion of the venous reservoir; with this there is liberation of gases from the blood; distension of veins in all parts, pressure on the brain in the closed cavity of the skull, and insensibility as a result; and distension of the right side of the heart, so that muscular structure is paralyzed, with temporary cessation of all motion and function. The opening of the vein relieves all this.—*Med. Age*, Jan. 26th.

Witch Hazel as a Hæmostatic.—Dr. W. O. Bridges thus writes: I was prompted to its use by Ringer, who recommended it in all varieties of passive hemorrhage, his favorable results having been obtained with it particularly in hæmaturia and bleeding piles. Within the past few years I have prescribed it for bleeding piles, menorrhagia, and continuous bloody oozing from the uterus four weeks after confinement. In each one of these cases there was no further trouble after twenty-four hours. The doses which I gave were somewhat smaller than those referred to in your article. I followed Ringer's plan of giving two drops of the fld. extract hourly. I was skeptical in regard to its use at first, but inasmuch as no other remedies were prescribed at the same time in the cases re-

ferred to, nor even rest enjoined, I was inclined to give witch hazel the credit. Other uses for which Ringer recommends its trial are pulmonary hemorrhages, hematemesis, and varicocele.—*Med. and Surg. Rep.*, Jan. 17th.

Idiopathic Anæmia.—A favorite prescription of Prof. DaCosta in marked idiopathic anæmia is :—

℞ Ferri sulph. . . . . 3 j.
Potassii carb. . . . . 3 j. M.
Ft. pil. No. xl.

SIG.—One after meals for first week ; increase dose in second week, etc.

If the patient is a female, suspend treatment during menstruation.—*Col. and Clinical Record*, Jan.

Acute Inflammatory Rheumatism—Bromide Amm.—Bromide of ammonium is recommended by DaCosta in the treatment of acute inflammatory rheumatism. It diminishes the tendency to heart complications.—*Cin. Lancet and Clinic*, Jan. 31st.

ALIMENTARY.

Unilateral Spasm of the Tongue.—Dr. E. C. Wendt reports a case of unilateral lingual spasm. Symptomatic spasm of the tongue has been frequently observed in a great variety of diseases of the nervous system, but the idiopathic occurrence of such a disturbance is quite rare. Dr. Wendt's case was that of a man, aged thirty-six. He was of excellent physique and good antecedents. The right side of his tongue was alone affected by paroxysms of spasm, lasting from one half to several minutes. The intervals were free from morbid manifestations of a decided character, although he complained of some soreness about the right tonsil. There was found by a specialist some deviation of the nasal septum, hypertrophy of turbinated tissue anteriorly, and chronic irritative hyperæmia of the larynx. The patient's sense of taste was perfect, as were also the other special senses. The lingual twitchings were not painful, but at times interfered with speech. Various remedies having proved useless, a cure was finally effected by the daily application of galvanism to the tongue, in a period of two weeks.—*Amer. Jour. Med. Science*, Jan.

Rheumatic Glossitis. — J. L., aged forty, farmer, presented himself with symptoms of acute glossitis. The swelling of the tongue took place very rapidly, and in a few hours had become so great that the tongue protruded beyond the lips, which could not be closed. He breathed with great difficulty, and his face was cyanotic and pulse small. The saliva was abundant, and ran from his mouth, but the exposed surface of the tongue was dry and rough. Speech was impossible, and deglutition nearly so. There were none of the usual causes to account for the inflammation, but the patient had suffered from rheumatism, and at present complained of pain in the shoulder and muscles of the neck. Six leeches were applied behind the angle of the jaw to give immediate relief. Before resorting to deep incisions, in the absence of the usual causes of this affection, and taking into consideration its abrupt onset and the rheumatic history, Dr. Carvallo prescribed four grammes of jaborandi leaves in infusion to provoke free salivation and perspiration, to be followed by six grammes of salicylate of soda, to be taken in three doses during the night. The effect of these remedies was remarkable, and in two days the patient was well.—*London Med. Record*, Jan.

Local Causes of Fetid Breath.—Fetor of the breath is not an uncommon occurrence, nor are its more common causes in much danger of being overlooked. Pulmonary or laryngeal disease, mineral poison, as mercury, for instance, ulceration of the mouth, decayed teeth, and disorder of the stomach, are usually chargeable as the cause, and there are probably few who look for it in any other condition. That there are other causes is, however, clearly pointed out by Dr. P. McBride, in the current number of the *Edinburgh Med. Jour.* This writer insists at some length on the fact that chronic follicular tonsillitis, ozæna, and catarrh of the tongue are frequently overlooked causes. In follicular tonsillitis the crypts of the tonsils are the parts most affected, the mucous membrane with which they are lined pouring out a secretion which tends to become inspissated and afterward to decompose. As a result the appearance on examination is that of a white particle situated on the surface of the gland. By way of treatment the crypt should be emptied and the catarrhal condition of its membrane cared for. The introduction of a thin probe previously covered with nitrate of silver will usually be found to be the best remedy.

Opinions differ and many theories have been advanced concerning the cause of the odor of ozæna, and Dr. McBride after briefly reviewing these theories gives his preference to that of Frankel, of Berlin, who maintains that it is necessary to assume the presence of a specific ferment in cases of ozæna to meet the fact that atrophic catarrh sometimes, though rarely, exists without odor. Ozæna may be said to be always associated with atrophy of the nasal mucous membrane. If the secretion be examined in its fluid state, it is found to consist of pus cells and enormous quantities of bacteria. By way of treatment, while douching and syringing are, doubtless, beneficial, they are not to be compared in efficacy or safety with the anterior nasal spray. According to Dr. McBride's own experience the most satisfactory results are obtainable from an alkaline and antiseptic spray, immediately followed by one containing as much tincture of iodine as the patient can bear, which usually does not exceed five minims to the ounce.

Catarrh of the tongue is held by the author to be a far more common cause of fetid breath than any other condition. Furring of the tongue is so common and so frequently associated with robust health, that its pathological nature has been almost lost sight of, except, indeed, when it occurs as a symptom of a general disease. This furring of the tongue is due to catarrhal inflammation of the epithelial covering. It is usually ascribed to dyspepsia, but it seems to be forgotten that the fetor is not directly due to the presence of noxious material in the stomach, but to decomposing inflammatory products on the back of the tongue. The local treatment of the tongue in such cases is the best method of overcoming the fetor, and it frequently also acts beneficially on the gastric disturbance. A solution of nitrate of silver in nitrous ether, which is so valuable in cases of scaly eczema, will be found an excellent application, while Michel advises the use of concentrated acetic acid.—*Med. Age*, Jan. 26th.

Calculus Removed from a Tonsil.—Mr. F. A. Nixon exhibited, at the Acad. Med. of Ireland, a hard calculus removed from one of the tonsils of a gentleman who complained of a slight obstruction of his throat. Being in the habit of singing, he complained of the obstruction. Both tonsils were considerably enlarged. A small white speck being detected, the probe elicited a metallic ring. Having failed to grasp the mass with instruments, he enucleated it with his finger. The greater portion was behind the soft palate. There was considerable hemorrhage.—Dr. E. H. Bennett said the specimen was of great rarity, and moved that it be submitted to the Committee of Reference. It indicated articulation either with another calculus or adjoining bone.—Mr. Corbett thought the formation was identical with the tartar that often formed about neglected teeth. He had seen several teeth blocked together by it even in young mouths.—Mr. Nixon said the gentleman's tonsils were very large, and were not atrophied. The calculus was similar to the tartar-formation on teeth. The teeth were black, and had a good deal of tartar. The gentleman was a great smoker.—*British Med. Jour.*, Jan. 3d.

Chronic Pharyngitis — Glycerinum Aluminis.—Robert William Parker, Surgeon to the East London Children's Hospital, writes :—

I venture to suggest a new preparation of alum, which I can strongly recommend after a prolonged trial. It is made by dissolving one ounce of alum in five ounces of glycerine, by means of a gentle heat. This is about four times as strong as a saturated watery solution. It is indicated in all cases where a powerful local astringent is required ; and has the advantage over tannin of being far less disagreeable, equally astringent, and quite compatible with an administration of iron. In cases of chronic pharyngitis—so common in children—it is very efficacious ; diluted with water, it forms a useful gargle, injection, or lotion. —*British Med. Jour.*, Jan. 24th.

Uvula — Excision — Cocaine.— Dr. Richard Neale, London, writes : I was much gratified to-day by the relief afforded, to a sensitive girl, by the use of cocaine to the painful stump after excision of the uvula. Two minutes after the use of a two-percent. solution, she exclaimed : "I feel not the slightest pain."—*British Med. Jour.*, Jan. 24th.

Follicular Pharyngitis.—E. S. Billings, M.D., writes : Will you please inform me through the columns of *The Monthly* what I shall do for an old case of follicular pharyngitis? It is one of the

most obstinate cases I have ever dealt with, and I have exhausted all the means I know of, and oblige.

[Wipe the diseased surfaces well with a solution of bicarbonate of soda, three drachms to the ounce of water. After this is thoroughly done, removing all the secretions, spray it well with a solution of nitrate of silver, from twenty to forty grains to the ounce of water. This should be repeated once or twice a week as the indications call for. As a rule we have no trouble in curing the cases we have met with in this manner. —ED.]—*New Eng. Med. Mo.*, Jan.

Foreign Body in Œsophagus Successfully Treated by Apomorphia.—Dr Wallace Preble reported the following to the Suffolk District Medical Society. A strong Irishwoman presented herself for treatment one hour after a hearty meal of mutton stew. Soon after the meal she vomited a little blood and felt a sharp pain in her throat especially with inspiration or swallowing. The examining finger in the fauces and the laryngoscope revealed nothing; but externally just behind the cricoid cartilage something could be felt to move and grate a little. The subcutaneous injection of apomorphia (grain one twentieth) caused vomiting in eight minutes, with the relief of all the symptoms and the removal with the vomitus of a piece of sheep's rib one and one half inches long and half an inch wide, with very sharp ragged edges.

Dr. A. T. Cabot spoke of a symptom that he had never seen mentioned in cases of foreign bodies in the œsophagus, observed by him in the case of a boy with a piece of tough beef impacted behind the cricoid cartilage. This symptom was flexion of the neck, any attempt to straighten it causing excruciating pain. After the fragment had been pushed on into the stomach by a probang, the symptom disappeared at once.—*Boston M. and S. Jour.*, Jan. 29th.

Cholecystenterostomy. — From a series of experiments conducted upon dogs in August, 1884, Dr. Gaston, of Atlanta, demonstrated the feasibility of establishing a communication between the gall-bladder and the duodenum—an operation which he suggests should be performed upon the human subject in preference to cholecystotomy in cases of closure of the ductus communis choledochus. The paper, which is a most interesting contribution to our knowledge of obstruction of the duct, may be found in *Gaillard's Medical Journal* for October, 1884.

In his comments upon Dr. Gaston's proposition to divert the bile directly into the duodenum, its editor states that the "great, novel, and original operation" should be known as that of Gaston. If he will, however, turn to the *Prager med. Wochenschrift*, Nos. 21 and 22, 1882, he will find that, in a case of closure of the choledoch duct of a woman thirty-four years of age, Von Winiwarter successfully performed the operation which Gaston practised in dogs. Hence any "honor and distinction" which the ingenious and rational procedure may merit must be awarded to Von Winiwarter, and not to Gaston.—*Phila. Med. News*, Jan. 10th.

Gastrodynia.—The following instructive case of this obstinate and troublesome affection is reported in the *Medical Press*, December 17, 1884, by Dr. John W. Martin.

Miss R., aged 30, came under my care October 3, 1884, suffering from pain in the stomach after meals, and the consequent dread of and loss of desire for food. When seen she looked quite worn and thin; complexion sallow; lips and gums anæmic; tongue whitish and lightly furred; bowels constipated. She felt a daily-increasing sense of weakness and inability to attend to her duties. Physical examination yielded negative results as regards the condition of the various organs. The case seemed one of dyspepsia consequent upon anæmia. The uterine functions were, with the exception of paleness of the menstrual discharge, normal.

I at first ordered bismuth, soda, and tr. nux vom. mixture with chloroform water; and calomel, colocynth, hyoscyamus pills to regulate the bowels. This giving no relief, I changed to pills of reduced iron and extract of nux vomica with meals, and as a laxative a mixture of sulph. mag. and mag. carb. with peppermint water. Again no relief being experienced, I placed her upon the following prescription:

℞	Sodæ bicarb.	ʒ iss.
	Tr. nucis vom.	♏xl.
	Liq. morph.	ʒ j.
	Sp. am. aromat.	ʒ iss.
	Syrupi zingib.	℥ j.
	Aquam menth. pip. ad . . .	℥ viij.

M. ℥ j. to be taken four times a day.

The relief was immediate, and so far has proved permanent. Pain is now rarely felt,

and only after indiscretions as to food. Relish for her meals has returned. She is now taking the reduced iron and extract of nux vomica pills with meals, and finds decided benefit from them. The bowels are regular, the tongue clean, and her complexion and general appearance much improved.

I am inclined to think the small dose of opiate was just the one thing wanting in my previous treatment.—*Med. and Surg. Rep.*, Jan. 17th.

Expedient in the Management of Strangulated Hernia.—A correspondent who has forgotten to attach his name to his article writes calling attention to a simple expedient that he has resorted to successfully in cases of strangulated inguinal hernia after taxis had failed. It consists in dilatation of the constriction which produces the strangulation at the internal abdominal ring by passing the finger along the inguinal canal, carrying the integument before it until the constricting ring is felt, which generally is easily done ; the finger is then gently insinuated into the opening, and if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully.

The advantages to be gained by this expedient are that it can be tried as soon as moderate efforts at taxis prove ineffectual, and before the tissues involved are injured by prolonged or severe manipulation ; the patient is saved from the dangers resulting from delay ; and the dangers attending operative interference, with the complications and sequences which may arise therefrom, are supplanted by a procedure which is harmless in itself and is not liable to be followed by any complication.

Our correspondent finds that there is no danger of creating a larger permanent opening at the internal ring. He has tried it in five cases.—*N. Y. Medical Record*, Jan. 3d.

Commencing Hernia.—J. Matthews Duncan, M.D., in *Med. Times and Gazette*, says : All pains about the external inguinal opening are not neuralgic nor inflammatory. I remember well the case of a sensitive young lady whose pains had been very puzzling to her physician, who had reasons for avoiding strict local inquiries. She was indeed sent to me to have these inquiries made, because much and varied treatment by medicines and rest had failed to give any relief. The pain was confined to the region of the femoral opening on one side ; rest removed it, exertion induced it, coughing made it worse ; and a strong impulse was felt in the part by the hand applied when a deep cough was made. Knowledge of the seat and cause of the pain was nearly enough for its cure, and complete relief was got by wearing a truss. Cases of a like kind are not very rare.—*Buffalo M. and S. Jour.*, Jan.

Emetics.—Prof. Gross thinks that the good effects to be obtained from the judicious use of emetics are not sufficiently appreciated. Of course, the existence of an inflammation below the diaphragm, or of a large wound, or a serious injury, will forbid their employment. In other cases, though, of the sthenic type, where the tongue is parched and coated, and the skin is dry, hot, and prurient, they will often act like a charm. The stomach is relieved of a mass of offensive material, free perspiration follows, and the pain and discomfort are at once removed. For this purpose give mustard, ℥ ss ; sodii chloridi, 3 j, in a tumbler of warm water, or zinci sulphatis, gr. xx. If, however, it be desired to stimulate the intestinal glands as well as the skin, give twenty grains of powdered ipecacuanha, or two grains of tartar emetic.—*Med. Bulletin*, Jan.

Gastric Ulcer.—C. Wiensma, M.D., Wahpeton, Dak., sends the following :—

℞	Bismuth subnitrate	3 ij.
	Acid hydrocyanic dilute	3 ij.
	Mucilage acacia	
	Aqua mentha piperit.	āa ℥ ij.

M. SIG.—Tablespoonful three times a day.

—*Medical World*, Jan.

Constipation.—A woman presented herself at the clinic complaining of constipation consequent upon atony of the lower bowel. Often she had been six weeks without a passage, and at no time in the last year had she had an evacuation under two weeks. Prof. DaCosta placed her upon the following treatment :

℞	Magnes. sulph.	℥ j.
	Acid. sulph. dil.	f. 3 ij.
	Ferri sulph.	3 j.
	Aquæ	O ij. M.

SIG.—A wineglassful ter die.

She was also given strychninæ sulph., gr. $\frac{1}{40}$, at meal times.—*Col. and Clinical Record*, Jan.

Hot Water in Constipation.—Water at a temperature of 140° F., taken in moderate amount at intervals of fifteen to twenty minutes, and drunk slowly, is said to be a powerful exciter of peristaltic action and a diuretic. It frees the stomach and intestines very promptly of acetic and butyric acids, of lactic acid in excess, and of ammoniacal products. The stools become frequent and bilious in character.—(*Memorabilien*), *N. Y. Med. Record*, Jan. 24th.

Pruritus Ani—Rectal Pledget.—A correspondent writes that he has found great use from the following mode of treatment in cases of pruritus ani. The patient having sponged himself well with warm water should syringe some up the rectum; then soaking a pledget of cotton-wool in the following lotion, he should pass it well up the anus, leaving it there till he next defecates, when it must be renewed: ℞ Acidi carbol., gr. xx.; tincturæ opii, ʒ iv.; acidi hydrocyan. dil., ʒ ij.; glycerini. ʒ iv.; aquam ad ℥ vj. — *London Med. Record*, Jan.

URO-GENITAL.

Acute Bright's Disease.—In Professor A. L. Loomis' recent treatise on "Practical Medicine," the author reviews the subject of treatment by diaphoretics and hydragogue cathartics. He states that he has been convinced for some years that the depurative method was wrong, and gives as the three indications: the elimination of urea and its allies, the removal of inflammatory products from the tubules, and the counteraction of the effect of urea and its waste products upon the nervous system. For this purpose the patient is put to bed, frequent dry cups are applied over the loins, and infusion of digitalis is given internally. This may be supplemented with acetate of potassium, spirits of nitrous ether, or some other mild diuretic. The bowels are of course kept open, and the skin moist. If severe uræmic symptoms appear, hydragogue cathartics and hot-air baths may be temporarily resorted to. Milk should be the only article of diet, and water is the best diuretic.

The view taken as to the utility of digitalis and the potash salts in nephritis, is sustained by the clinical experience of nearly all English observers from the time of Bright.—*N. Y. Med. Record*, Jan. 3d.

Urethral Stricture — Horse-hair Bougie.—Dr. E. C. Franklin writes: Some twelve years ago a friend placed himself under my charge for the treatment of an old and exceedingly obstinate case of subpubic stricture.

The closure of the canal was so complete that the patient's urine was passed continually by drops. The stricture was so tight and unyielding that I was unable to introduce the smallest filiform bougie, and was compelled to improvise a bougie made of whalebone, which I whittled down to as small a diameter as I could give it, but this did not answer the purpose. I then tried the then novel method of introducing a horse-hair, bulb forwards, and succeeded after many futile attempts in passing it beyond the point of stricture, retaining it *in situ* by a silk cord tied to the horse-hair and extending to the root of the penis, and fastened there by adhesive strips. The second day the urine began to escape in a continuous stream instead of drops, till it acquired the size of a darning-needle. The third day I passed another, which slipped in easily, guided by the presence of the first. The fifth, seventh, ninth, eleventh, and thirteenth day another was passed, till I had succeeded in crowding in the stricture nine of such small filaments. By this time my patient had complete control of his urine, and could void and retain it at will, though forced through the interstices of this aggregated hairy fascicle. The stream of urine had now greatly increased in size, and the muco-purulent discharge, from the uneven pressure made against the strictured surface, caused considerable care to be exercised to insure cleanliness. After removing the fascicle on the fourteenth day I had no difficulty in overcoming the stricture with a No. 6 tapering bougie. Increasing the size of the introduced bougies gradually but not too frequently, I had the satisfaction of discharging my patient at the expiration of one month from the beginning of his treatment. My patient was advised to continue the use of the bougie every week or two for at least a full year.—*Med. Era*, Jan.

After-Treatment of Lithotomy where the Bladder is Sacculated.—Mr. Reginald Harrison contributes a short article on the after-treatment of cases of calculi in sacculated bladders. The author says: "To remove a calculus out of a pouch or

depression in the bladder, and not at the same time to provide against urine lodging in the cavity thus formed for its reception and decomposition, is to incur a risk of cystitis and septicæmia, which is by no means an imaginary one," The plan adopted is, in the first place, to take care that the prostate is sufficiently divided to allow free access to the bladder in all instances of stone complicated with a large prostate, and with saccules on a depressed floor. In cases where lithotomy has been performed, an ordinary catheter is passed through the lithotomy-tube ; this can be made to enter any saccule which may be present. By thus having a double tube, a constant system of drainage is carried on, and no urine can be retained in the bladder. The advantages derived from using the double tube are: 1. The prevention of vesical colic and spasm by retention of clots and the plugging of the ordinary tube with blood. 2. The more perfect drainage of the floor of the bladder, however irregular this surface may be. 3. A ready mode of washing out all parts of the bladder without removal of the outer tube. 4. Increased facilities for keeping the patient dry, by having the inner tube sufficiently long to conduct the urine into a vessel by his bedside. When there is much vesical mucus of a thick ropy character, it is best to use as a solvent a solution of common salt and warm water, and to wash the bladder with this until the mucus has disappeared.—*London Med. Record.*, Jan.

Incontinence of Urine.—Prof. Bartholow points to four factors in incontinence of urine : acidity of the urine and relaxation of the vesical sphincter being the most prominent ; spasmodic contractility of the muscular coat during sleep, as the third factor ; and the fourth, which is comparatively rare, is dreaming of a desire to urinate when the bladder is full (the brain being here at fault). For acidity of the urine, the persistent administration of bicarbonate of potash. or some other alkaline salt of potash, in an effervescing draught, is advised. The incompetency of the sphincter is to be treated by half-grain doses of aqueous extract of ergot, and a quarter of a grain of extract of nux vomica. Bromides should be given at night to diminish the contractility of the muscular coat of the bladder. Many of these patients are anæmic, and the administration of iodide of iron is indicated.

The incontinence of urine in boys is frequently due to phymosis, or to the presence of a calculus in the bladder ; and, in young girls, to vulvitis, or urethritis, caused by the irritation of thread worms in the vagina, which have reached there from the rectum. And late suppers, profound sleep, and other causes which produce seminal emissions in the adult male, produce urinary discharges in the male child.—*Med. World*, Jan.

Diurnal and Nocturnal Incontinence of Urine.—In a lecture on diseases of children, Robert Lee, M.D., draws a distinct line between that form of incontinence of urine which occurs in the night and that which occurs in the daytime. He says Trousseau first pointed this out, and showed that belladonna acted promptly when the incontinence occurred at night, but not so well when the trouble persisted through the day. In these cases there is a partial paralysis of the sphincter, and strychnine gives the best results.—*London Med. Press and Cir.*

Oxaluria.—Dr. Charles N. Durselen, of Chicago, recommends the employment of biphosphate of sodium and nitro-muriatic acid in the treatment of oxaluria, the latter agent being especially applicable to cases connected with dyspepsia or disordered state of the liver, and in hypochondriacal cases. In simple cases, especially if accompanied by anæmia or with costiveness, better results will be obtained from the former remedy.—*Phila. Med. Times*, Jan. 10th.

Diabetes Mellitus — Arsenic and Chlorides.—At the clinic, Prof. Bartholow reported a successful treatment of diabetes mellitus by Fowler's solution and the chloride of gold and sodium. He has seen good results in many cases from the latter remedy. It has been used for three centuries, but not used enough. The dose is the twentieth of a grain three times a day. The chloride of gold is hard to introduce into the system.—*Col. and Clin. Record*, Jan.

Kava Kava in Cystitis.—William Dunstone, M.D., Hancock, Mich., contributes the following : A most obstinate case of cystitis, of several years' standing, has recently been under my care, and as it presents several points which may be of interest to the profession, I venture to make

the following brief report of it. The inflammation seemed to affect the whole urinary tract, sometimes being more concentrated in the bladder, and, again, in the kidneys. The exciting cause was unquestionably gravel, for at times concretions as large as a grain of wheat would be passed. At such times the pain was, of course, excruciating. Exacerbations of gout were not infrequent, and the patient's rest was disturbed by frequent urination. After exhausting, in vain, all the remedies usually employed in such cases, I was quite discouraged, and began to cast about for something new. The first drug which I selected was kava kava, of which I gave a teaspoonful of the fluid extract (P. D. & Co.) in a teacupful of lukewarm water, morning and evening. The first dose caused a profuse perspiration and gave entire relief from pain. The stools, also, which had been previously of clayey appearance, assumed their normal bilious color. In four days the urine became as natural as a child's, and was voided with scarcely a trace of uneasiness. The patient was, in addition to the kava kava, kept on an exclusively milk diet, and went on to complete recovery.—*Medical Age*, Jan. 26th.

Vesical Injections of Nitrite of Amyl.—Dr. Dittel, of Vienna, recommends (*Sym. Méd. Annales Maladies des Organes Genito-Urinaires*) the use of injections of nitrite of amyl into the bladder when the urine is ammoniacal. He prepares three drops of nitrite of amyl in solution in 150 grammes of water, and for each injection he uses a spoonful of the solution in a litre of water, with which he washes out the bladder by the use of the double sound. The influence on the urine is very rapid, and after the first washing out the ammoniacal and insupportable odor is replaced by a very agreeable odor of ether.—*Four. Amer. Med. Ass'n*, Jan. 17th.

Clotted Blood in the Bladder—Crystal Pepsin.—The surgical value of pepsin as a dissolvent is well shown in a note in the *Northwestern Lancet*. The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood in less than twenty minutes.—*Med. and Surg. Rep.*, Jan. 17th.

Irritable Bladder—Cocaine.—Dr. Sara E. Post, of New York, writes: "Two weeks ago I employed cocaine for an irritable bladder with almost constant micturition, which four grains of the extract of opium, given per rectum in the course of twelve hours, did not control. By means of the Cushier intra-uterine syringe ten to fifteen drops of the two-per-cent. solution of cocaine were injected, so as to bathe the neck of the bladder and the urethra over its whole extent. The relief was immediate. The patient did not micturate for an hour after the application, and not more frequently than once in forty-five minutes during the night. The previous condition did not recur."—*N. Y. Med. Record*, Jan. 31st.

Turbid Urine—Dr. Sabonblene's Benzoated Ptisan.—In renal and vesical affections, when the urine is turbid or muddy, Dr. S. uses with the greatest benefit:

℞	Benzoic acid	15 to 30 grs.
	Aromatic distilled water .	2 oz.
	Sugar	4 oz.
	Water, q. s. ad . . .	32 oz.

Mix.—Drink freely.

—*Med. Age*, Jan. 26th.

Torsion of the Spermatic Cord, a Peculiar Complication of Cryptorchism.—Prof. C. Nicoladoni cites several observations and facts as evidence that in cryptorchism the retained testicle is, owing, he thinks, to absence of the mesorchium, much freer and looser than when in its usual position. He gives a case where the operation of instating the retained testicle in the scrotum was greatly facilitated by the cord being quite free even after drawing it down. This freedom would allow the testicle to turn on its suspending axis; interference with its circulation would result—in a word, gangrene. He believes many of the cases classed as periorchitis and testicle-necrosis are really thus caused. In a young man with inguinal testicle periorchitis was diagnosticated. Extirpation. Some sero-sanguinolent fluid in the processus vaginalis. Testicle blue-black and tensely distended, but not incarcerated. Pedicle of two cords, which showed that the pedicle was twisted 180°. The cord lay entirely free, without peritoneal con-

nection. Vessels and tissues of testicle charged with blood, and veins thrombosed. No semen. The two divisions of the cord consisted, one of nerves and vessels, the other of the vas deferens. A second case was very similar, except that the testicle was in the scrotum. He sums up his conclusions: An inguinal testicle, or such a one which has made a delayed descent (into the scrotum), is liable to torsion of its cord. When less severe, this may correct itself, or appear to be periorchitis or incarceration; when severer, it leads to necrosis of testicle.—*Annals of Surgery*, Jan.

Neglect of Cleanliness.—The pubic and pudendal hairs are found to be a prolific source of disease among the poor, retaining secretions and filth. At every opportunity the patients should be urged to wash themselves more freely, and to use as much care, and take as much pride, in being clean in and about the privates, as they do with the teeth and hair of the head. In many cases it is advisable to snip off all extra hair about a chancroid, or in those very unclean and negligent. Very often both sexes are too negligent of cleanliness of the sexual organs. Men with long foreskins often fail to draw back the skin to wash away the sebaceous matter collecting about the glans, while bathing, the result of which is a most sickening odor when it is discovered, and often causing irritation, eczema, and even a discharge, misleading one to believe it to be gonorrhœa. All ladies should wash the vulva daily; the vagina, even in health, should get its biweekly wash, and most certainly after menstruation. One medical man affirms that the lack of cleanliness is one grand cause of uterine disease. Small clots and films of blood may remain for days in the vagina after the menses, and, putrefying, act as irritable centres.—*British Med. Jour.* Jan. 24th.

Danger of Too Early Repetition of Iodine Injections in Hydrocele.—Professor Tillaux drew the attention of his class, at the Beaujon, to the danger of being in too great a hurry in repeating injections of iodine in hydrocele. It is only at the end of six weeks or two months that we can judge of the result of the first injection, and to interfere before this time is to expose one's self to induce the formation in the tuica vaginalis of those false membranes which are so vascular that they bleed on the slightest shock, and thus give rise to hæmatocele and the loss of the testicle.—*Med. and Surg. Rep.*, Jan. 10th.

VENEREAL.

Pulmonary Syphilis.—This is a manifestation of syphilis which it is safe to assume few general practitioners have ever recognized. This is due both to the rarity of its occurrence in adults, and to the difficulty attending its positive diagnosis. The occurrence of a syphilitic form of phthisis was recognized by Morgagni, while Portal, Morton, Graves, and Stokes admitted the likelihood of such a condition, from their observation of the clinical fact that some cases of bronchial catarrh were greatly benefited by mercury. It was, however, left to Virchow, Wagner, Lorain, Robin, and other contemporaneous investigators to describe minutely the pathological changes due to pulmonary syphilis.

The diagnosis of pulmonary syphilis can never be determined, *intra vitam*, with absolute certainty, but only conjectured if there exist at the same time the characteristic lesions of constitutional syphilis. To this end laryngoscopical and rhinoscopical examinations should never be omitted. In differentiating between a given case of suspected phthisis syphilitica and tuberculosis, the detection of tubercular bacilli in the *sputum* would, in Dr. Hiller's opinion, decide the question.

Lancereaux considered a case of phthisis as syphilitic if, in addition to the presence of characteristic lesions of the mucous membranes, the pulmonary affection was unilateral, with signs of consolidation, and it might be of excavation. But Wilson Fox justly remarks that a syphilitic disease of the lungs may be bilateral.

Syphilitic phthisis possesses great therapeutical interest. Some clinicians have seen marked benefit result from the administration of mercury and iodide of potassium, while others have noted no improvement.

In a case of this affection which we had the privilege of observing in von Ziemssen's clinic at Munich, the process was situated in the middle lobe of the right lung, and Ziemssen then remarked that according to his experience this was the most frequent site.—*Jour. Amer. Med. Ass'n*, Jan. 3d.

Unsuccessful Excision of the Initial Sore in the Prevention of Syphilis.—Dr. Rason reports (*Norsk Magazin for Laegevidenskaben*, No. 10, 1884) the case of a healthy lawyer, twenty-eight years of age, who came to him with the request that he would examine a woman with whom he had had connection two days previously. She was found to have mucous patches on the genitalia, evidences of an old chancre, and also roseola. A month passed, during which the man observed the greatest cleanliness, and was also frequently examined for the first signs of a sore. On the morning of the twenty-eighth day after coitus the patient presented himself with a bluish red spot scarcely at all raised, about the size of a hemp-seed, on the inner side of the prepuce. Dr. Rason advised excision, and performed it at once with scissors. The sore suppurated a little, and after twenty-five days became indurated about the edges. In forty-eight days after the excision, seventy-six after coitus, roseola appeared with mucous patches in the throat. Professor Ördmannson, of Stockholm, has had a similar want of success, though he believes that the subsequent course of the disease is lighter after excision of the chancre.—*N. Y. Med. Record*, Jan. 24th.

Hypodermic Treatment of Syphilis.—At the International Medical Congress of Copenhagen (*Annales de Derm. et de Syph.*), the treatment of syphilis by hypodermic injections was ably discussed by various members. Prof. Leibreich considered formiamide of mercury the best preparation for hypodermic use, since it is extremely soluble and very slightly irritating.

Martineau asserted that by this means the physician is certain to cure all manifestations of syphilis—normal or abnormal. The form of mercury preferred, according to his experience, is the peptonate of mercury and ammonia.

Wolff (of Strassborg) used neither the peptonates nor the formiamides, but preferred the following:

1. Carbonate of soda, 23 grains; water, 3½ ounces.
2. Corrosive sublimate, dissolved, 57 grains; water, 3½ ounces.
3. Glycocoll, 38 grains; water, 3½ ounces.

The glycocoll may be replaced by asparagin or alanin, or, better still, by sarcosin.

Each of the three above preparations is made in a separate bottle, and they are mixed in equal parts at the time of using. Each syringeful of fifteen grains contains exactly one sixth of a grain of the oxide of mercury. The injection is made two days in succession, the patient being then left one day without treatment. The operation may be repeated twenty-five times without accident.—*Phila. Med. News*, Jan. 10th.

Syphilis Causing Epilepsy. — Dr. E. B. Silver, Rahway, N. J., sends the following contribution. One source of this disease which is often overlooked is tertiary syphilis. Case: A young man after the lapse of a few years of apparent cure of syphilitic taint was taken with epileptic convulsions. The gummy material of this disease evidently was deposited within the cranium, producing pressure on the brain. A mixed treatment of bin-iodide of mercury with as large doses of the iodide of potassa as the stomach would bear evidently caused an absorption of this deposit and thus effected a cure. The following was the formula used:

℞	Bin-iodid. hydrarg.	grs. iij
	Iodid. potassæ	ʒ iij.
	Tr. aurantii cort.	
	Syr. simplicis	āā ʒ ss.
	Aquæ	ʒ viij.

M.—Teaspoon to dessert-spoon three times a day.

It is well where convulsions are caused by this pressure to make a saturated solution of the iodide of potassium; say:

℞	Aquæ	ʒ vi.
	Iod. potass.	ʒ j.

and give all the stomach will bear twice a day in addition to the first mixture. Milk is a good menstruum in which to administer it. Recollect the peculiarities of this latter medicine and do not give it after eating starchy food. Stop it when it causes diarrhœa or its peculiar eruption.—*Medical World*, Jan.

Danger of Syphilitic Infection through Use of Brushes and Instruments.—Dr. Lesser, of Leipsic, reports a case in which he infected a young girl by dusting some iodoform over an abraded surface on her forearm, using a brush, which he had used two days previously on a patient suffering from soft chancre. Clearly iodoform did not destroy this virus. Instruments used in treating specific diseases should not be used in treating the healthy, if the skin or mucous membrane be abraded.—*Detroit Lancet*, Jan.

Treatment of Chancres, etc.—Dr. Louis Lewis says that equal parts of salicylic acid, iodoform, and oleate of zinc, applied under lint, moistened in glycerine, form an excellent application to chancres and other syphilitic lesions. Internally, one grain of hydrargyrum cum creta and pulvis ipecacuanha comp., with a few grains of sugar, three times daily, will be found useful and palatable—*Medical World*, Jan.

Chancroid.—As a stimulating application to a chancroid, Prof. Gross recommends :

℞ Acid. tannici . . . . . gr. ij.
Ung. hydrarg. nit. . . . . ʒ j.
Adipem benzoat. ad . . . ℥ j. M.
SIG.—Apply on a piece of lint.

—*Col. and Clin. Record*, Jan.

Syphilis and Hæmoglobinuria.—The pathogeny of intermittent or paroxysmal hæmoglobinuria is shrouded in obscurity. The notion that it is related to malarial disease is now almost abandoned, at any rate as a universal proposition. Its dependence upon exposure to cold led to the hypothesis that it was due to vascular engorgement of the kidney, and that in that organ the blood-cells were broken up and the hæmoglobin excreted. Such a theory may be called the vaso-motor hypothesis, but it cannot be invoked in many cases. Others have suggested that the corpuscular disintegration was due to the absorption of bile acids into the blood, or to some less manifest change in the fluid. That the syphilitic poison is sometimes a factor, as some allege, is supported in a few cases mainly by the effects of treatment. In the *Berliner klinisch. Wochenschrift* for Nov. 10th is recorded a case by Herr Gotze, from Professor Rossbach's clinic, where a child of nine years, the subject of inherited syphilis, became liable to the affection on the slightest exposure to cold or even slight changes in temperature. A resort to iodide of potassium, and to mercurial inunctions, was followed by a freedom from liability to the attacks which could but be regarded as a cure ; for even immersion in ice-cold water of the extremities, and once of the whole body, failed to reproduce the hæmoglobinuria after this course of treatment.—*London Lancet*, Jan.

Permanganate of Potassium in Gonorrhœa, Leucorrhœa, and Suppurating Buboes.—Professor Roberts Bartholow writes as follows of this remedy: In gonorrhœa, leucorrhœa, and suppurating buboes, a strong solution—five to ten grains to the ounce—is an efficient remedy. It has proved to be especially so in gonorrhœa. When the attack is recent, the solution should not be stronger than two grains to the ounce, but the more chronic, the stronger the injection may be made, of course within reasonable limits. In suppurating buboes, the contents of the sac should be drawn off with an aspirator if still intact, or thoroughly evacuated if ruptured, and the cavity filled with the stronger solution mentioned above.

Lacerda's experience with permanganate in snake poison, renders it almost certain that in the corresponding poison of syphilis the local application of this remedy at the earliest moment to an infecting chancre may be productive of the best results. In all forms of unhealthy and sloughing syphilitic sores—in sloughing phagedæna for example—it deserves more extended use than has heretofore been made. Finely pulverized, it can be dusted thoroughly over the diseased surface and introduced into all the sinuosities. By the same mode of application it can be used in lupus and epithelioma, and will, doubtless, be found more effective than the chlorate of potassium, which, applied in this way, has lately been much urged on the attention of the profession.—*Med. and Surg. Rep.*, Jan. 17th.

OPHTHALMIC.

Is There a Form-Blindness?—A daily paper quotes a prominent artist of this city as saying : "I have during many years of art teaching, and in various other ways, encountered a peculiar form of visual defect which is akin to color-blindness. Instead, however, of being insensible to a difference in color, these people appear to have lost, if indeed they have ever possessed, the power of perceiving clearly defined forms — form-blindness, in other words. I have sometimes placed objects in the shape of hexagons, or octagons, or decagons, or even so common a shape as a pentagon, or a five-pointed star before these pupils as a test, and almost invariably they were unable to distinguish one form from another, even when with careful distinction the differences were explained to them. This fact is a curious one, and I do not

know whether it has ever been treated scientifically or not."

Color-sense depends upon the integrity of the retina, but the forms of objects are dependent, speaking generally, upon the integrity of the refractive media. The defects above referred to are very likely due to astigmatism. There is, however, a disease of the retina called micropsia, in which objects seem smaller than they really are. And there is another retinal disease, described by Förster and called metamorphopsia, in which horizontal lines look crooked and curved to the patient.—*N. Y. Med. Record*, Jan. 31st.

Pilocarpine in Detachment of the Retina.—Rydel of Krakan in speaking of the treatment of detachment of the retina, says he has treated several hundred cases, and with generally bad results. Quite recently, he has been following the plan proposed by Dranoux and Martini,—the combined method of instillation of a solution of pilocarpine, puncture of the sclera, compress bandage, and absolute rest. R. praises this plan quite highly on account of the good results he obtained. He has treated thirteen cases by this method ; out of this number the sclera was punctured only five times, since the preliminary course of pilocarpine was insufficient,—four recoveries and one failure. In the other cases treated exclusively with pilocarpine, three were perfect cures, seven very much improved, and three failures. A few cases returned for a second course of treatment. In the three cases discharged as perfect recoveries the former acuity of vision was not regained.

If R. counts his cases to those reported by different authors the whole number is forty-one, with thirteen recoveries making a percentage of twenty-nine, which seems almost too high, but it can be accounted for since the most favorable cases yielded the best results. But nevertheless no other plan of treatment for detachment of the retina will yield better results.—*Cin. Lancet and Clinic*, Jan. 31st.

Treatment of Entropion.—At the last meeting of the French Society of Surgery in Paris, Dr. Terrier reported that Viensse, a military surgeon in Algiers, saw an Arab who had been treated for an entropion by an Arabian physician with the ferrum candens (actual cautery). It was remarkable that the hot iron was not applied parallel to the margin of the lid, but in five to six lines vertically from it, extending downward. Trousseau had communicated a similar observation and cured ten cases in the same manner, with the only difference that he employed the thermo-cautery for the same purpose. According to the severity of the affection, the burning should be done more superficially or so deeply as to extend to the tarsal cartilage. The thermo-cautery, though much easier to use and handier, always gave the same result as the iron at white heat.

During the debate that followed this report, Trélat and Herin recommended to destroy the hair follicles of the margin of the lid by the aid of a fine needle at white heat. Trélat remarked that he always employed a magnifying glass, so as to be certain that he really reached the hair follicles. He had found this procedure uniformly successful, more reliable, and far less painful and disfiguring, than the actual cautery. He had also tried the galvano-cautery in such a manner as to make use of a platinum needle, which was brought to the required heat by a galvanic current, and thought that the result was still better, especially as he was enabled to pierce the hair-bag first with the needle ere he gave to the latter the required heat, thus, for certain, preventing injury to neighboring parts.—*Med. and Surg. Rep.*, Jan. 31st.

Diabetic Cataract — Spontaneous Resolution.—Dr. T. F. Tannahill, H. M. Prison, Wakefield, writes: The subject of the following sketch was admitted to prison for fourteen days. On examination, it was found that he suffered from diabetes mellitus of eleven months' duration. He complained of blindness; this was due to the presence of symmetrical nuclear cataract; both lenses were opaque throughout, the left more opaque than the right. He was put on the ordinary diabetic treatment, with the addition of two grains of opium daily. His visual power was almost lost, persons and articles appearing to him as black-looking objects ; ordinary letter-press could not be seen either with or without spectacles. While under treatment, his sight began to improve ; the opaque lenses gradually cleared ; and, on inspection for discharge, it was noted that no trace of cataract remained. He was now able to read very small print with the naked eye.

I am not aware of any statement as to the occurrence of fugitive cataract in diabetes. Dr. Warburton Begbie stated that, the sight once affected, no improvement ever took place. Turning to Juler's text-book, we find diabetic cataracts amenable to ordinary treatment, but no reference to the possibility of spontaneous cure. As to the pathology of diabetic cataract, such natural recovery, to my mind, favors the idea of infiltration, rather than degeneration, of the fibres of the lens. Having regard to the production of large quantities of sugar in such patients, and the fact that sugar in the body is converted into fat, I should be inclined to recognize the product of such conversion as the efficient cause of the changes in the lens. I believe it is stated in some text-books that a large supply of hydrocarbon lessens the activity of respiration. Respiration is always less active in diabetics; the low temperatures observed in such cases seem to be an expression of this fact. In my patient, the average morning temperature was 96.8°; the evening, 97.4°.

The dryness of the skin and the crops of boils find explanation in the facts of development; the fibres of the lens, and the elongated cells of the deepest stratum of the cuticle, being elements of the same series, probably both are alike affected.—*British Med. Jour.*, Jan. 31st.

Methods to Hasten the Ripening of Cataract.—Gallenga (*Giornale della R. Accademia di Medic. di Torino*) gives the conclusions drawn from operations in Reymond's clinic undertaken to mature partially formed cataracts. Puncture of the capsule was done twenty times, and Förster's trituration of the lens combined with iridectomy twenty-five times. Both methods answer their purpose; but incision of the capsule is naturally the simpler, and causes the cataract to mature more rapidly; generally extraction may be performed on the fifth day after the incision. Not always is it necessary to wait so long as two months after Förster's operation. Trituration of the cortex is to be performed for immature senile cataract with hard nucleus, or when the patient cannot be kept under constant observation. For posterior polar cataract, and perhaps also for lamellar cataract, Förster's method is not efficient, but in these cases incision of the capsule is useful. —*Boston M. and S. Jour.*, Jan. 22d.

Pathology of Lead Amblyopia.—Stood, in *Grafe's Archives* reports a series of cases of lead poisoning where the symptoms of intoxication first manifested themselves by weakening of the accommodative powers. This symptom may sometimes be present prior to the involvement of the gums, by the toxic action of the lead on the ciliary muscle

The patients complain of asthenopic troubles; they cannot read, write, or work steadily for any length of time. Following this there is diminution of the acuity of vision, there is also contraction of the field of vision noticeable. In the meantime the general symptoms of colic, obstipation, muscular weakness, etc., set in, and last of all the ophthalmoscopic appearances, thickening of the retinal veins, etc., make their appearance.

All of these symptoms the author attributes to a peripherical retrobulbar optic neuritis due to the distribution of the optic-nerve fibres.

Under the use of iodide of potash and the enforcement of the strictest hygiene, all of these symptoms rapidly disappear.—*Cin. Lancet and Clinic*, Jan. 31st.

Hydrochlorate of Hydrastine in Ocular Therapy.—The following is from an article by Robert Sattler, M.D., Cincinnati, Ohio: Briefly reviewing the results, based upon the observation of a number of cases, it can be said that the white or soluble hydrochlorate of hydrastine is of value as a local tonic, stimulant, and irritant to the conjunctival membrane, and that it neutralizes or transforms chemically the altered secretions in the various other catarrhal processes and catarrhal stages of more serious lesions, and on this account is a valuable and reliable substitute for the various other stimulants and astringents. In many cases also, in which a simple tonic or stimulant effect is desired, with the least discomfort to the patient, it posesses advantages and is therefore neitled to preference.

I desire to add that my experiments were made with the hydrochlorate of hydrastine, and not with hydrochlorate of berberine. In commerce, the substance sold as hydrochlorate (or muriate) of hydrastine is in reality a salt of berberine, the yellow alkaloid, and prescriptions are likely to be compounded of the berberine salt, even though muriate of hydrastine is specified.—*Phila. Med. News*, Jan. 31st.

Homatropin and Glaucoma.—In the *Centralblatt für praktische Augenheilkunde*, September, 1884, is reported a case of incipient glaucoma produced by homatropin, occurring in the practice of Dr. Theodor Sachs, of Innspruck, in which eserine speedily brought about a return to the normal condition. This case is interesting from the fact that it seems to be the first one on record in which homatropin has produced glaucoma, and also on account of the prompt antidotal action of the eserine. —*Phila. Med. Times*, Jan. 10th.

Irrigation in the Treatment of Purulent Ophthalmia. — Edgar A. Browne presented to the British Medical Association, a description of which is found in a recent number of its Journal, an instrument for treating purulent ophthalmia by means of irrigation. The instrument resembles an ordinary lid-elevator made of hollow tubing, the blade that passes under the lid being perforated by small openings. It is connected with a reservoir containing water, and then placed in position. By this means the cul-de-sac is kept clean and free from pus. This is the great desideratum in the treatment of these cases.—*Louv. Med. News*, Jan. 31st.

Purulent Affections of the Eye—Iodide of Silver.—Dr. Sedan advocates (*Recueil d' Ophth.*) the use of iodide of silver, especially in purulent affections of the eye. The salt is said to exceed in antiseptic power even the bichloride of mercury. The dosage is not given.—*N. Y. Med. Record*, Dec.

Golden Eye-Water.—

℞ Sulphate of hydrastia . . . 2 gr.
Distilled water . . . . . 1 oz.
Make solution.

This is an excellent wash for inflamed and granulated lids.—*Medical World*, Dec.

Anæsthetic in Ophthalmic Surgery. —An eminent ophthalmic surgeon of London thinks that, for general use in operations on the eye, the anæsthetic mixture known as A. C. E. is the best. This means one part (by measure) of absolute alcohol, two parts of chloroform, and three parts of ether.—*Med. World*, Jan. 7th.

Cocaine — Its Solubility. — Hydrochlorate of cocaine is only soluble in water in the proportion of five per cent. If a stronger solution is required, an acid must be added; thus a stronger than a five-per-cent. solution cannot be used in the eye.—*Louv. Med. News.* Jan. 24th.

AURAL.

Cases in which Perforation of the Mastoid Cells is Necessary.—W. B. Dalby, F. R. C. S., M. B., read a paper on this subject at the Royal Medical and Chirurgical Society. The paper did not deal with the ordinary cases, where, after inflammation of the middle ear, the usual signs of abscess in the mastoid process, with softening of the external plate of bone, were present; such cases were often met with, especially in children, and were to be treated by a free opening. In some of the cases recorded in the paper, the external plate of bone was healthy, and yet there was pus in the mastoid cells. In others, although the external plate of bone was diseased, the matter took a circuitous route under the scalp, at one time into the temporal region, at another into the occipital region, and down the muscles of the neck. Although in some cases the indications for perforating the mastoid cells included continuous pain in the mastoid region, œdema on deep and continued pressure, pain increased by the recumbent position, a high temperature and severe rigors, as already detailed in the contribution on diseases of the mastoid bone (*Transactions*, vol. lxii), cases of pus in the mastoid cells while the external plate of bone was healthy were related, from which one or more of these symptoms were absent. Although the external osseous plate be found healthy, the perforation should still be made, if the constitutional symptoms pointed to the presence of pus within the bone. Perforation of the mastoid cells was performed with a drill, provided with a stop to enable the precise depth of the perforation to be determined. Thus all risk of penetrating too deeply was avoided, and the operation was free from danger. Six cases were selected, each of which illustrated some point of importance. In one case, the patient was comatose, but afterwards recovered. In two others, the inflammatory process was prolonged for many months before the evidence of the presence of pus was conclusive. In another, symptoms of infantile paralysis were present, and disappeared after perforation of the cells had

given exit to pus. In another, the pus not only passed forward under the temporal muscle, but towards the occiput under the splenius capitis and complexus muscles, and down the neck to a level with the thyroid cartilage. In conclusion, the author expressed his belief that perforation of the mastoid cells was more urgently and frequently required than the literature of the subject would lead the reader to infer. The President, George Johnson, M.D., F. R.S., had met with a considerable number of cases of fatal disease of the brain as a result of extension of inflammation from the auditory apparatus, and the operation suggested by Mr. Dalby appeared to be comparatively simple, and most satisfactory in its results. Dr. U. Pritchard observed that there were a large number of cases of pus within the mastoid cells where symptoms were very few, and where pain could only be elicited by percussion. The operation was simple, the only danger being wound of the lateral sinus; perforation of the mastoid cells was sometimes followed by great relief of symptoms, even when no pus was found at the operation. Mr. Warrington Haward referred to the extreme frequency with which pus was found in the ears after death; death was not unfrequently brought about by secondary inflammation of the meninges, suppurating pleurisy, pyæmic pneumonia, or other pyæmic conditions. Discharge of matter through the ear did not prove that there was free exit for pus from the mastoid cells, which formed a complicated system, and communicated with the tympanum by a very small opening, easily occluded by swelling of the mucous membrane or by pus. Beyond this, there was the fact that pus might find its way to distant parts, cause much pain, and even endanger life. The operation was extremely simple, and quite free from danger if the drill recommended by Mr. Dalby were used; while the condition in which the operation was recommended was one of great gravity. Mr. Howard Marsh thought that many patients perished who would, by using Mr. Dalby's method, be saved. He had performed the operation twice on children; it was undoubtedly necessary to use care, especially in children; but the operation was comparatively simple, and very useful. The danger of trephining over a sinus had been greatly exaggerated.—*British Med. Jour.*, Jan. 31st.

Affections of the Ear Influenced by, or Dependent on, Malaria and Defective Drainage.—Dr. O. D. Pomeroy read a paper on the above subject to the Medical Society of the County of New York. During the discussion, it developed that Dr. Hackley could recall only two cases in which acute aural disease occurred in patients suffering from malaria, and in these it was while the patients were taking small doses of quinine. The occurrence of aural affections due to malarial poisoning would probably depend upon the absence of several distinct conditions, such as pharyngeal diseases, mentioned by the author of the paper, vaso-motor disturbances, etc.

So far as his experience went, the admixture of malaria, aural disease, and other well-defined influences has been so pronounced that he had been unable to decide which was primary.

Dr. Baruch regarded cases of malarial ear-disease as extremely problematical.

Dr. Garrish thought it important to search for the cause of ear-troubles, such as impacted wax, scarlet-fever, etc., before attributing the affection, in any given case, to malaria. He had seen cases in which deafness had been produced by quinine, but had not seen disease of the ear produced by malaria.

Dr. Holcombe, during a practice of thirty-five years' standing, had not seen a case of ear-disease which could be distinctly attributed to malaria. Undoubtedly it was correct to say that diseases of the ear were influenced by malaria, and for those who regarded malaria as a cause of ear-disease, some of these cases would be put down as due to malaria. He was sorry that malaria should be looked upon as the source of one more evil, and was glad to hear that Dr. Pomeroy did not subscribe to the German view concerning malarial diseases of the ear. The cause of the ear-disease should be diligently searched for, such as typhoid, measeles, scarlet-fever, syphilis, tuberculosis, diphtheria, etc., and he believed that it could be found independent of malaria, although, undoubtedly, the course of the disease in patients living in malarial districts, constantly exposed, was influenced by the poison.

Dr. Pomeroy, in closing the discussion, said that he did not subscribe to the view of the German observers who held that there was something peculiar in ear-affec-

tions dependent upon malaria, as there was nothing peculiar about the ear-disease in cases which had been placed in this class. Deficient house-drainage, with imperfect soil-drainage, meant dampness, which favored relapses of catarrhal affections, and under such circumstances the development of ear-disease was especially favored. Malaria, however, he believed, was not to be regarded as the primary cause, acting at the inception of acute aural disease, although inflammatory and also painful affections of the ear were likely to be aggravated, possibly excited, by the influence of malaria and sewer gas.—*N. Y. Med. Record*, Jan. 31st.

Natural Drainage in Otorrhœa.—Mr. C. Atkin read this paper (Sheffield Medico-Chirurgical Society) in which, after noting that in fatal cases the Eustachian tube was usually found more or less blocked, he went on to say that, though cleansing of the tympanic cavity *per tubam* was recommended in cases of inspissated secretions, not sufficient stress was laid on the necessity of keeping the tube open for drainage purposes in all cases. The usual routine treatment of allowing powders and drops to be applied to the ear, followed by a plug of cotton-wool "to keep the cold out," was condemned, unless a previous examination had shown that the Eustachian tube was in a patent condition. Notes of a fatal case were read, where the pus had not burrowed back into the mastoid cells, but had ulcerated through into the roof of the pharynx, causing an intermittent fetid discharge through the nose. The patient, a man aged twenty-one, died on the second day after admission into the infirmary, from abscess of the cerebellum.—*Brit. Med. Jour.*, Jan. 31st.

Foreign Bodies in the Ear.—The removal of foreign bodies from the auditory meatus not unfrequently proves to be one of the most difficult operations in minor surgery; and cases are not rare in which endeavors to effect such removal have resulted in rupture of the membrana tympani and escape of the foreign body into the middle ear, with subsequent disastrous results. Much of the difficulty experienced in this connection undoubtedly arises from the inefficiency of the instruments usually employed for the purpose of extraction. Neither the scoop nor the fine forceps used to this end offers the advantages of a perfect appliance, while the syringe even is likely to create serious mischief in cases where it does not at once effect the object in view. To those who are not familiar with the method advocated by Mr. Jonathan Hutchinson, its simplicity and certainty will at once commend it, especially since it does not, even if ineffectual, set up any kind of mischief whatever. This plan was described in a lecture on "The Surgery of the Receiving-Room," delivered on Wednesday last at the London Hospital by Mr. Hutchinson, and consists in the introduction into the ear of a loop of soft flexible silver wire, of small diameter. Such an instrument can easily be insinuated beyond the obstacle in the canal, and becoming hooked round it, at once permits its ready removal; sometimes a second loop may be found necessary, but as a rule one proves sufficient. Mr. Hutchinson also strongly recommends that, should one or two trials end in failure, the patient should be placed under the influence of ether, as, in children especially, the movements indulged in if anæsthesia is absent render nugatory all attempts to place the loop *in situ* for extraction of the foreign body.—*London Med. Press*, Dec. 3d.

Chronic Otorrhœa—Importance of Internal Medication.—W. J. Haine, M.D., West Farmington, Ohio, writes: I will briefly describe a case of chronic otorrhœa and its treatment. Patient, a young man in fair health, a day laborer on a farm, has had a constant discharge from one ear for about eleven months. The discharge purulent, profuse, and fetid. An examination of ear showed that the membrana tympani was destroyed and hearing much impaired.

Cleansing the ear with injections, the use of powdered boracic acid alone and combined with resorcin by insufflation into the ear, and sulphide of calcium internally had all been tried in his case, still the discharge from the ear continued. Suspecting that there was some scrofulous taint existing, I prescribed:

℞ Hydrarg. iodidi rubri . . . gr. ij
Potass. iodid. . . . . gr. v
Aquæ pur. . . . . f. ℥ ij

Mix and dissolve, then add:

Syrupi simp. . . . . f. ℥ j
Syrupi ferri iodid. (Squibb's) . . f. ℥ j

M.—Sig. Half, gradually increased to one, teaspoonful in water, three times daily. If patient is very susceptible to the action of iodine, give in smaller doses.

I used injections of a saturated solution of boracic acid in the ear, or wiped out the ear with absorbent cotton and used powd. boracic acid alone or combined with powd. burnt alum once or twice a week. With this treatment the discharge soon lessened and within a month it ceased entirely. The patient is greatly pleased with result, and says the medicine he has been taking has made him feel stronger and better than he ever did before in his life.

This case of chronic otorrhœa is not reported because it is in any way rare or remarkable, but simply as representing a large class of cases of the kind found in practice, and also especially to enforce the idea that careful attention should be paid to *internal* medication in chronic discharges of the ear, particularly if there is any scrofulous taint present. In syphilitic cases it would of course be still more essential.

The red iodide of mercury and the iodide of potassium in the above formula make a new compound, the iodohydrargyrate of potassium in solution. But very few works on materia medica describe it, or speak of its virtues. When combined with the syrup of the iodide of iron it forms one of the best remedies in scrofulous cases, as in the foregoing example, and in the syphilitic it would of course be much more efficient.—*Medical World*, Jan.

Suppurative Inflammation of the Middle Ear.—Dr. A. M. Roseberry says that in this disease the essential indication is to keep the tympanic mucous membrane constantly bathed in a solution which, while it is antiseptic, is not irritating, and while it is gently astringent, it does not form coagulations with the secretions. The finely pulverized boracic acid has been used with much success, but for the above reasons the boroglyceride is thought pre-eminently applicable. He thinks the boric acid does not supplant, but simply assists, other methods of treatment, whereas the boroglyceride not only destroys all fetor and quickly arrests the discharge, but it also destroys polypoid granulation. Boroglyceride is prepared by heating together in an evaporating pan two ounces of boracic acid and three ounces of glycerine, the acid being added gradually, and the heat continued until the mass is reduced to exactly three and one third ounces, or two thirds the original weight. On cooling it is an amber-colored vitreous mass, which is very friable and easily broken when sufficiently evaporated. It is readily soluble in glycerine, but much less so in water. It is used dissolved in glycerine—the treatment commenced with a fifty-per-cent. solution, and the strength gradually reduced as the discharge diminishes. The treatment is largely intrusted to the patients, they being seen but twice or three times a week, when the meatus and tympanic cavity are thoroughly freed from all secretions by means of syringing with a warm solution of boracic acid and Valsalvan inflations, or the use of an Eustachian catheter. The meatus is half filled with the boroglycerine (warmed) and the air forced through it by Valsalvan inflation or the catheter. The tragus is also pushed backward and inward, so as to force medicament into the middle ear. The boroglyceride is kept in position by means of a plug of absorbent cotton, or borated cotton soaked in vaseline. The patient repeats the process as well as he can, night and morning, at home. By this treatment it is claimed that the patients can be discharged cured in less than half the time required by the usual methods.—*Phila. Med. News.*

Exfoliation of the Cochlea without Causing Deafness.—The *Lancet* Vienna correspondent writes: The loss of the cochlea, according to the ingenious researches of Helmholtz, is considered to be equivalent to the loss of hearing-power. A case, however, which Professor Grüber demonstrated on December 12th, at the meeting of the Society of Physicians in Vienna, would seem to go far toward refuting this view. The case occurred in a lad aged fourteen, who had been ailing for four years, and who was admitted into Professor Grüber's wards last November. It was stated that the patient suffered from an old otorrhœa with polypus of the left ear. As the patient experienced great pain, and as paralysis of the left nervus facialis existed, Professor Grüber had no hesitation in entirely removing the polypus, and in doing so came upon the cochlea in a state of necrosis. Since the operation the patient has felt better, his pains have ceased, and the paralysis of the nervus facialis has nearly disappeared; but, strange to say, the lad's affected ear has regained its power not only of recognizing sounds, but of distinguishing musical notes. Only two similar cases would seem to have been

recorded. One was observed by Dr. Cassels at Glasgow, the other by Dr. Christinneck in the clinic of Professor Schwarze at Halle. Professor Grüber did not enlarge on the features of this interesting case, but it certainly affords food for suggestive thought in reference to treatment of diseases of the ear. Heretofore the labyrinth was considered a sort of *noli me tangere*, but now we see that the entire cochlea may be missing and yet the aural powers be retained. On the other hand, it is not yet quite certain whether in the above case paralysis of the auditory nerve may not eventually occur.—*Phila. Med. Times*, Jan. 24th.

Liniment for Earache.—Dr. Carlos Pavesi (*El Sentido Católico en las Ciencias Médicas*) recommends a liniment composed of camphorated chloral, 2½ parts; pure glycerine, 16½ parts; and oil of sweet almonds, 10 parts. This is to be well mixed and preserved in an hermetically closed bottle. A pledget of very soft cotton is to be soaked in the liniment and then introduced as far as possible into the affected ear, two applications being made daily. Frictions may also be made each day with the preparation behind the ear. It is claimed that the pain is almost immediately relieved, and even in many cases the inflammation is subdued.—*N. Y. Med. Record*, Jan. 24th.

Fistula of the Antitragus.—Dr. Ezra Dyer, of Newport, reported at the Rhode Island Medical Society a case of fistula of the antitragus, and said this affection was very rare. It is one that causes some annoyance. Properly described, it is not a fistula, but a minute sac situated about a centimetre above the antitragus. His patient was a young lady, fourteen years of age, who was annoyed by the offensive matter exuded from the little sac, which was a centimetre in depth. She had been treated by several New York physicians without benefit. Caustics had been employed, and the sac had been partly slit down, among other procedures. Dr. Dyer armed the point of a curved needle with hard wax, making it probe-pointed, and passed a heavy silk suture through the sac, as a seton. This was allowed to remain ten days, but did no good. Finally, a loop of platinum wire was passed into the sac and brought to a white heat by galvanism. The patient complained of a good deal of pain at the time, and the operator had not seen her since, but had been told by her father that the sac closed up entirely, and without further trouble. — *Phila. Med. News*, Jan. 3d.

Pomade for Deafness.—

Veratrine	0 gr. 10 centigr.
Metallic iodine . . .	0 gr. 0.25 milligr.
Iodide of potassium . .	1 gr.
Simple cerate	10 gr.

Mix carefully.

—(Gruber) *L'Union Méd.*

For ten minutes, three times a day, rub a portion of the pomade as large as a pea into the mastoid apophysis. For cases of deafness due to exudation into the labyrinth, if the skin begins to redden, cease the application for a day or two.—*Canadian Pract.*, Jan.

Aural Pledget for Facial Neuralgia.—In neuralgia of the dental branches of the quintus trigemini, Czartoryski introduces into the ear (which should be previously cleaned) a pledget of cotton wet with a mixture of equal parts of fluid extracts of belladonna, viburnum opulus, and gelsemium. The effect is said to be almost instantaneous.—*Albany Med. Annals*, Jan.

DERMAL.

Medicated Kaolin and Other Pastes.—Professor Unna, to avoid the greasiness and reduce the cost of ointments, has suggested the use of kaolin or porcelain clay as a basis. The paste should be quickly and easily spread in a thin layer on the skin, and should form in a short time a firmly adhering coating.

Pure kaolin, with vaseline or glycerine in equal parts; with oils, such as olive, almond, or linseed, in the proportion of two to one, will produce a good paste. With more linseed oil a liniment is produced. This, when spread on extensive surfaces, leaves a quickly-drying residuum. When other ingredients, such as lead acetate or zinc oxide, are used, the kaolin and oil or glycerine are to be mixed first, and the lead or zinc added, as the kaolin is otherwise apt to form an insoluble cement with the metallic salt. Yellow or red kaolin may be used in place of white, and these pastes may not only be used in the treatment of certain diseases of the skin, but also as vehicles for escharotic agents.

The following formula is suggested:

Pure kaolin,
Linseed oil (or glycerine), of each 30 parts.
Oxide of zinc,
Solut. of subacetate of lead, of each 20 "

Professor Unna, in his experiments with kaolin pastes, found that other forms of paste might be used to advantage, as for example:

Lead pastes.—Boil a quantity of litharge with double the quantity of vinegar, until the latter has evaporated and the litharge has become a moderately damp mass. Should the paste in time become dry it can be restored by heating it with more vinegar, or:

Lithargyri subt. pulv. . . . . 50 parts.
Aceti . . . . . 80 "

Boil to consistency of a paste and add—

Ol. lini (*vel* glycerini, *vel* ol. olivæ) 10 parts.

Starch pastes.—Useful in eczema. In this case the property of drying must be imparted to the paste by the addition of oxide of zinc, sulphur, etc.

Zinci oxidi . . . . . 50 parts.
Acid. salicylici. . . . . 2 "
Amyli oryzæ . . . . . 15 "
Glycerini . . . . . 15 "
Aq. destillat. . . . . 75 "

Mix simultaneously, and heat until reduced to 140 parts.

A similar paste for acne consists of:

Sulphuris præcip. . . . . 40 parts.
Calcii carbonat. . . . . 2 "
Zinci oxidi . . . . . 20 "
Amyli oryzæ . . . . . 15 "
Glycerini . . . . . 20 "
Aq, destillat . . . . . 75 "

M. Reduce by boiling to 120 parts.

Dextrin pastes.—(For eczema.)

Zinci oxidi . . . . . 40 parts.
Dextrini (pulverized),
Aq. destillat. . . . . āā 20 "
Glycerini . . . . . 40 "
Sulphuris sublim. . . . . 2 "

M. Boil to a paste.

For freckles:

Zinci oxidi . . . . . 10 parts.
Bismuthi oxychloridi . . . . 2 "
Hydrarg. perchloridi . . . 0.2-0.5 "
Dextrini,
Aq. destill. . . . . āā 10 "
Glycerini . . . . . 15 "

M. Boil to a paste. If it becomes hard a few drops of water will enable it to be spread.

Gum pastes (for chronic infantile eczema).

Zinci oxidi . . . . . 40 parts.
Hydr. oxidi rubri . . . . . 2 "
Mucilag. acaciæ,
Glycerini . . . . . āā 20 "

M. secundum artem.

Cretæ præparat.,
Sulphuris sublim. . . . . āā 2 parts.
Picis liquidæ . . . . . 8 "
Amyli . . . . . 20 "
Mucilag. acaciæ,
Glycerini . . . . . āā 15 "

M.

For scabies:

Zinci oxidi . . . . . 40 parts.
Bals. Peruv. . . . . 20 "
Mucilag. acaciæ,
Glycerini . . . . . āā 30 "

M.

For sore nipples:

Sacchari albi,
Zinci oxidi,
Mucilag. acaciæ,
Glycerini . . . . . āā 5 parts.

M.

The gum pastes will serve also as vehicles for chrysarobin and pyrogallic acid and oily substances, but cannot be employed for acids, since these destroy their adhesiveness. Kaolin paste can also be used for chrysarobin and pyrogallic acids.

Attempts to form pastes which can be kept in bulk ready prepared have thus far been unsuccessful. Even oil or glycerin fails to prevent their hardening in time, and as the best pastes are those which dry the most rapidly when applied to the skin, these are the ones which are soonest spoiled by keeping. Corrosive sublimate, calomel, red and white precipitate, naphthol, carbolic acid, chloral hydrate, and camphor may be combined with any of the above formulas. Salicylic acid mixes well with all the pastes, excepting in large proportions with gum paste. Iodine and iodoform are compatible with the lead, kaolin, and gum pastes, but not with the others. Animal, vegetable, and mineral fats and soaps can be mixed in small quantities with all the pastes.—*London Pharm. Jour.*, Jan. 31st.

Glycerine as an Excipient. — The employment of glycerine in pharmacy is becoming more and more extensive every day, owing in great measure to its property of dissolving various medicinal substances. It is thus very generally used instead of lard or oil in a number of cosmetic preparations. It makes an elegant excipient, but, unfortunately, glycerine will not penetrate the pores of the skin, and prevents also the absorption of any drugs which it may hold in solution. Dr. P. Vigier has recently made some experiments upon himself, which are very simple and may be repeated and verified by any one, which show in a

striking manner the uselessness of employing glycerine as an excipient when absorption of the active ingredient is desired (*Memorabilien*, Nov. 20, 1884). He was never able to detect iodine in the urine after repeated inunctions of a solution of potassium iodide in glycerine (one part to three), but, when the glycerine was replaced by a fatty substance, the presence of iodine in the urine was at once manifest. A five-per-cent. solution of muriate of morphia in glycerine rubbed into the skin produced not the slightest narcotic effect. A one-per-cent. solution of sulphate of atropine applied for six hours to the temples caused no dilatation of the pupils. Sill more striking was an experiment made with corrosive sublimate. A five-per-cent. solution of this substance in glycerine was rubbed strongly upon the skin, yet produced not even a reddening of the surface, nor was mercury to be detected in the urine. The result of this experiment leads Dr. Vigier to recommend the employment of a glycerine solution instead of the mercurial ointment as a parasiticide, since with the use of the latter there is always more or less absorption of the drug.—*Cin. Lancet and Clinic*, Jan. 31st.

Chrysophanic Acid in Cutaneous Affections of the Ear.—Dr. Strequart (*Four. de Méd.*) reports five cases benefited by this treatment. The first case was in a patient 31 years of age affected for six months with an eczema of the scalp, and for fifteen days with acute eczema of the right ear—thickening of the skin, liquid exudation, purulent and sanguinolent otorrhœa. Ordered chrysophanic acid internally, in the dose of two centigrammes per day, and injections of a warm solution of boracic acid. In two days the discharge diminished, the eruption became paler and the skin thinner. Two days later there was desiccation and desquamation of the skin. The dose of the drug was increased progressively to five centigrammes a day, when the stomach no longer tolerated it. After eight days of treatment the affection had almost entirely disappeared. Six months later there had been no recurrence. The second case was in a patient fifteen months of age, suffering from impetiginous eczema of the scalp of six weeks' standing, which for fifteen days had involved the ears. Two centigrammes a day were given, and in seven days the cure was complete. The third case was three years of age; affected for three weeks with impetiginous eczema of the chin and right ear; same dose; on the fourth day desiccation and peeling of the skin; on the seventh day, cured. Fourth case, a patient of four years, acute eczema of meatus and auricle of right ear; same treatment; cure on the seventh day. Fifth case, patient 35 years of age, suffering for four months from a chronic eczema of the auricles of each ear, following double purulent otitis. Was given three centigrammes of chrysophanic acid a day. Less redness about the mastoid and parotid region, and diminution of sense of burning of auricles and meati in two days. Notable amelioration in five days. Complete cure in twelve days.—*Four. Amer. Med. Ass'n*, Jan. 17th.

Salicylic Acid Ointment. — Ointment of salicylic acid is recommended by Balmanno Squire to be prepared by dissolving the acid in hot lard. Salicylic acid is readily soluble in warm lard at the ordinary water-bath temperature in the proportion of thirty grains of the former to one ounce of lard, the strength in which the ointment is usually prescribed. The appearance of the product is superior to that obtained by simply mixing the acid with the cold lard, while the therapeutic effect is greatly enhanced, owing to the fact that "the remedy has undergone a solution in the lard."—*Western Druggist*, Jan.

Pruritus—Oleate Chloral.—A writer (*St. Louis Medical Journal*) has had a so-called oleate of chloral made, which, he says, had been used with much success in pruritus ani, eczema, and other affections associated with much itching. The compound consists of one drachm each of camphor and chloral, and one ounce of oleic acid, thoroughly mixed together. Camphor and chloral in equal parts, forming a liquid, has long been known as a valuable remedy in cases where local anæsthesia of the cutaneous nerves is desired, and has been employed in neuralgia and pruritus. The addition of the oleic acid will undoubtedly increase the penetrating power of the mixture. It may thus be found useful in allaying the itching, while other means are employed to secure permanent relief.—*St. Louis Med. and Surg. Four.*

Ringworm.—Dr. Robert Lee recommends the following prescription as useful

even in the most obstinate cases. Let precipitated sulphur be mixed in a mortar with sweet oil, in the proportion of about half an ounce of sulphur to an ounce of oil, so that a thick cream is obtained. Then add to this mixture three drachms of Calvert's carbolic acid, No. 5 solution; that is, a mixture containing the acid in about the proportion of 20 per cent. This must be applied twice a day, night and morning, to the affected parts, and should be rubbed gently in with a finger on a piece of soft leather. The head should also be well washed and brushed with soap and hot water, two or three times a week; and, if the disease be of long duration, it is well to begin by ordering the whole head to be shaved.—*London Med. Record*, Jan.

Treatment of Scabies by Iodoform. — In the *Kavkazsky Meditzinsky Sbornik*, No. 38, 1884, p. 14, Dr. A. Kh. Grigorieff, of Temir-Khan-Shura, furnishes details of seventeen cases of scabies which he treated by inunction of the following ointment: ℞ Iodoform, 3 j.; cerati simpl., ʒ j.; olei olivar., q. s. ut fiat unguentum. Cure followed, on an average, after seven inunctions, in five and a half days. From his observations, the author draws the following conclusions. 1. Iodoform rapidly kills scabietic parasites and their germs. 2. It greatly relieves itch from the beginning of the treatment. 3. It does not irritate the skin, and does not bring about any new rashes. 4. It deserves to be placed above all other remedies for scabies.—*London Med. Record*, Jan.

Urticaria and Dyspepsia.—Dr. Banham gave brief notes at the Sheffield Medico-Chir. Soc. of a case of uticaria occurring in an intelligent woman, æt. twenty-five, which had recurred almost daily for two years past, and which had been accompanied frequently with dysphagia to such a degree that when she sat down to a meal, swallowing was often found impossible, and the attempt induced such serious attacks of choking that those around were greatly alarmed. The patient had never shown any indications of hysteria. Dr. Banham saw this patient for the first time three weeks ago. He gave her careful directions as to diet and attention to the state of the bowels, and ordered her a mixture of bismuth and nux vomica, to be taken before meals. Within a day or two the attacks of urticaria subsided, as well as the dysphagia. He thought it not impossible that the difficulties of swallowing had arisen from the mucous membrane of the throat being affected in a manner similar to that of the skin.—*London Med. Press*, Jan. 14th.

Herpes Zoster and Facial Paralysis.—Dr. E. Voigt, in the *St. Petersburg Med. Wochenschrift*, relates at length an interesting case of acute herpes zoster (occipito-collosis) complicated with grave peripheral unilateral facial paralysis, and comes to the conclusion that herpes zoster is not necessarily dependent upon disease of the spinal ganglia, but, as in this case, may be caused by local neurosis of the sensory nerve fibres. The case was treated by galvanism, with very good results as far as the pain and tinnitus aurium were concerned, but the facial paralysis was but little benefited.—*Phila. Med. Times*, Jan. 10th.

Treatment of Vaccination Vesicles.—Dr. Illingworth says that, having used the following prescription during the last five years for inflammation after vaccination, he has never found it fail. It is a mixture of zinc ointment (ʒ vj.), glycerine (ʒ iss.), and carbolic acid (ʒ ss.). It should be applied to the vesicles on the eighth day. If there should be any inflammation round them, it should be gently rubbed in with the finger, and then applied on linen twice day.—*British Med. Jour.*, Jan. 31st.

Sycosis—Oleate of Copper.—Dr. S. Armer in obstinate sycosis uses oleate of copper in a 20-per-cent. ointment.—*Therapeutic Gazette.*

Ulcers—Chlorate of Potass.—Chlorate of potassium is now used as a dressing for ulcers by many New York physicians.—*Med. Summary*, Jan.

Urticaria—Chronic.—

℞ Ammonii bromidi . . . . . gr. clx.
Aquæ aurantii . . . . . ʒ iv.
M. Sig.—Two teaspoonfuls in water every two or three hours until relieved.

—*Med. Bulletin.*

Collodion, Medicated.—The following are very efficient for external medication: capsicum, cantharides, corrosive sublimate (for ringworm), aconite, veratrin, atropia, tannin, chloride of iron, carbolic acid, and make elegant and efficient applications with collodion.—*Med. Bulletin*, Jan.

Ulcer of Carcinomata—Citric Acid Locally.—In the hospital, Prof. Gross used with marked success absorbent cotton saturated with a one-per-cent. solution of citric acid, applied to the ulcer of carcinomata, to relieve pain.—*Col. and. Clin. Record*, Jan.

Freckles—Emul. Amygdalæ.—Dr. Duhring says that an emulsion of almonds applied twice daily will remove freckles.—*Med. Summary*, Jan.

TOXIC AND HYGIENIC.

Mysterious Illnesses. — In a letter which appeared in the *Times* of the 10th instant, a "Londoner" gives an account, under this title, of the sufferings endured for a year and a half by a member of his family. The symptoms were drowsiness, parched mouth, nervousness, depression, loss of flesh, general debility, and fever. Absence from home always removed them, but they invariably reappeared on returning to the house. A thorough examination of the drains and plumbers' work showed nothing amiss, but when, after coming home from last summer's holiday in perfect health, the fever returned within a fortnight, the medical attendant suggested, for the first time, that it might be caused by the paper on the walls of the patient's bedroom. This was found to be highly arsenical, and since its removal she has enjoyed perfect health. A friend of the writer's, hearing of this, thought that such might be the explanation of his daughter's failing health, and of her inability to sleep without an open window. An examination of the paper showed that such was the cause, and the substitution of a non-arsenical paper confirmed it. Such cases admit of no doubt as to the true nature of the cause; and the symptoms described, though embarrassing to a medical man who seeks for any other explanation, are perfectly characteristic of chronic arsenical poisoning by this means. By this means, we say, because the gastro-intestinal irritation that attends the internal reception of the poison is mostly absent. It is also important to bear in mind that different individuals exhibit very different degrees of susceptibility. Thus, a "Londoner" himself suffered only from chronic sore-throat; and, with others, weak or inflamed eyes are the chief symptom.

In the *Times* of the 13th instant was a letter from a gentleman who wished to know if there were any method of testing which could be employed by householders when buying new papers, or wishing to satisfy themselves as to those on their walls. To this question we can give a satisfactory answer. Any one can obtain, either direct from Messrs. Griffin, of 22 Garrick Street, W.C., or through any chemist, for the small price of 7s. 6d., a box containing the necessary apparatus and materials for the examination by Reinsch's process of fifty samples of paper. Full instructions for use, with a description of the usual symptoms of this form of arsenical poisoning, and illustrative cases, are enclosed. We have no hesitation in saying that every medical man should, for his own credit, and the good of his patients, provide himself with this little apparatus, as certainly as he would with the means of testing urines for albumen or sugar. Many cases of "mysterious illnesses" would thus be speedily explained and cured.—*British Med. Jour.*, Jan. 17th.

Poisonous Confectionery.—In England, thanks to legislation against adulteration, the employment of poisonous, or more or less objectionable, coloring matter in the manufacture of colored sweetmeats, has practically been stamped out. In America, which at the present time is agitated by a struggle against adulteration similar to that which took place in this country between the fifth and sixth decades of this century, all sorts of highly injurious coloring matters are still in common use. Dr. Cyrus Edson, Chief of the Second Sanitary Division of New York, reported lately that, of sixty-four firms engaged in the manufacture of sugar-confectionery, thirteen were using chromate of lead, red lead, vermilion, and fuchsine, all of which pigments Dr. Edson declares to be "highly poisonous." No doubt, both the chromate and red lead are so in an eminent degree; but, however objectionable the use of vermilion for such a purpose may be, no poisonous effects have hitherto been proved to follow its internal administration. Only its fumes, which contain free mercury, are poisonous. It is time, also, that the old and erroneous ideas about fuchsine and allied aniline colors be abandoned. Pure fuchsine, free from arsenic, is absolutely harmless, and inasmuch as the arsenic process of its manufacture

has long been superseded by the so-called nitrobenzole method, which dispenses with arsenic acid altogether, and is much cheaper, aniline colors are nowadays, with the most rare exceptions, free from arsenic. Among the countless artificial coloring matters, it is of coure possible that one or other may possess poisonous properties of its own; but of the ordinary aniline colors, fuchsine, Hofman's violet, Nicholson's blue, the various maroons, and browns, not one has ever produced undoubtedly injurious effects. The injury caused by wearing hosiery dyed with aniline colors has generally been traceable to the employment of metallic mordants used to fix the color.—*British Med. Jour.*, Jan. 3d.

Lead Poisoning by Snuff. — Dr. Weaver, Frodsham, narrated the following case at the Liverpool Med. Inst.:—About twelve years ago a solicitor, æt. thirty-five, had an attack of colic. He afterward found some difficulty in writing, and had to employ an amanuensis. He then had another attack of colic. This led to a suspicion of lead poisoning, and on examination a blue line was found on the gums. The water in use was free from lead, and no source of lead poisoning could be discovered. At last the snuff of which the patient partook very freely was suspected, and tested by passing sulphuretted hydrogen through an infusion of it. The result was negative. As the patient got no better, a second attempt was made. Two kinds of snuff were used—"Lundy Foot" and "Brown Rappee," the latter being a rather moist kind. Samples of both were sent to Dr. Campbell Brown, of Liverpool, for analysis, and he reported that the Lundy Foot contained no lead, but that the Brown Rappee did, but in what proportion he could not say, as the sample sent was insufficient in quantity to allow him to determine. The speaker himself subsequently tested samples of each, and showed a series of bottles containing solutions of snuff ash before and after passing the sulphuretted hydrogen through it. He concluded that the lead found entrance into the snuff from the wrapper in which it was distributed. He then referred to the literature of the subject, and stated that he had found thirty-four instances of similar cases recorded. As much as 2.50 per cent. of lead had been found in some samples.—*London Med. Press*, Jan. 7th.

Alleged Poisoning by Colchicin.—Criminal ingenuity is continually finding fresh modes of taxing the skill of the analyst. Colchicum contains an alkaloid said to be allied to veratria. It has been named colchicin, or colchicina; and there are grounds for suspecting that this alkaloid had been recently used by a man who desired to replace an old wife by a young one. The supposed criminal is a manufacturer of artificial flowers in Paris, and probably possessed sufficient knowledge of chemistry to feel sure that the recognition of colchicin after death would be an exceedingly difficult task. The symptoms of poisoning by the alkaloid appear to be the same as those produced by the plant from which it is derived; these are great prostration, widespread muscular twitchings, pains in the joints, intense irritation of the whole alimentary tract, and, finally, failure of the action of the heart. The symptoms with which the supposed victim in this case died appear to have excited some suspicion at the time, lately confirmed by the fact that the accused man had, shortly before his wife's death, made two efforts to obtain the alkaloid at chemists' shops. The attempt in both cases was unsuccessful, and the statement that death was in fact produced by this drug is at present no more than an assumption.—*Brit. Med. Jour.*, Jan. 17th.

Atropia in Chloroform Inhalations.—Referring to death by syncope during anæsthesia by chloroform, Poirier refers to the experiments of MM. Dastre and Morat, in which they utilize the known power of belladonna to paralyze the moderator nerves of the heart. Experiments were first made on dogs, and the results obtained were so encouraging that Aubert, Gayet, and Tripier, surgeons, of Lyons, were induced to try it on the human subject, and they obtained gratifying results.

The following solution was employed:

℞	Atropia sulph.	$\frac{1}{4}$ gr.
	Morphiæ hydrochlor. . . .	$1\frac{1}{2}$ grs.
	Aquæ dest.	$2\frac{1}{2}$ 3.

Hypodermic injection of a Pravaz syringeful was given from twenty to thirty minutes before the inhalation of the chloroform. The advantages of this procedure, which is now daily practised in the hospitals of Lyons, are the following: Security, greater rapidity with which anæsthesia is produced, absolute quiet of the patient,

ease with which consciousness returns, and simplicity of results.—*Phila. Med. News*, Jan. 10th.

Hippurate of Lime *vs.* Carbolic Acid.—M. Poulet states that hippurate of lime is the best antidote in carbolic-acid poisoning that we possess, being far superior to the saccharate.—*N. Y. Med. Jour.*, Dec. 27th.

Dangers of Working in a Chromic-Acid Factory.—That workers in factories for chromic acid or its salts almost invariably acquire ulceration of the cartilaginous nasal septum, has long been known and described, but Dr. MacKenzie, of Baltimore, in a paper read at the last meeting of the American Medical Association, whilst renewing such observation, is the first to describe middle-ear and drum-membrane accidents in the same workmen; otorrhœa, however, from such a cause occurred in but a small percentage. He also found, occasionally, small ulcers in the retro-nasal cavities and pharynx, but none in the larynx or trachea, which were, however, always congested.—*St. Louis Med. and Surg. Jour.*

Poisoning by Sulphate of Copper.—It is not often that cases of acute poisoning by blue vitriol are recorded. At the last sessions of the Central Criminal Court, a servant-girl aged seventeen, was convicted of producing grievous bodily harm on her mistress, by administering sulphate of copper in some beer, which was found to contain 39½ grains of the salt in 5½ ounces of beer. A portion of a glass only was taken, when its taste and color were perceived. The symptoms produced were a metallic taste in the mouth, constriction of the fauces, nausea, vomiting abdominal pain, and diarrhœa. Oil and demulcents were successfully given as remedies, but it was several hours before the poisoned woman recovered. The minimum fatal dose of copper is not known with certainty; but half the quantity found by Dr. Dupré in the small glass of beer would be a decidedly toxic dose.—*British Med. Jour.*

Poisoning by Rubber Dental Plate.—Dr. Charles Buckley, of Monroe County, read a paper on chronic mercurial poisoning, at the New York State Medical Association. He had treated an obscure case with bloating and marked gastro-intestinal and nervous disturbances, the symptoms of which suggested arsenical poisoning; but which afterward proved to be due to mercurial poisoning. The cause of the trouble was a red, hard-rubber plate for false teeth, in the coloring of which mercury was employed. Since then Dr. Buckley has seen several other similar cases due to the same cause, although none of them was of equal severity with the first.—*Phila. Med. News.*

Bicarbonate of Soda in Iodoform Poisoning.—Dr. Behring (*Rivista Clinica*) states that bicarbonate of soda is an antidote in poisoning from iodoform. Since the latter drug is eliminated in the urine as an iodic salt, the author assumes that it abstracts alkalies from the blood. By supplying the alkali thus withdrawn from the blood he believes that the system may acquire a special toleration for iodoform. —*N. Y. Med. Record.*

Poisoning by Inhalation of Nitrous Acid.—According to the *Klin. and Deutsch. Med.*, this is of frequent occurrence, and, in the majority of instances, fatal. In one case the sufferer had inhaled fumes from a mixture of saltpetre and superphosphate; in another nitric acid had been dispensed in a tinned iron vessel, the person carrying the same enjoying the portion which did not remain in the can in the form of fumes. In still another instance a case resulted fatally to a chemist who had worked too much with fuming nitric acid, etc. Great care should therefore be exercised in all operations where fumes possessing such fatal consequences are evolved, which is a frequent occurrence in a pharmacy.—*Western Druggist*, Jan.

Vaseline in Pastry.—Our Paris correspondent writes: At a recent meeting of the Council of Hygiene of the Department of the Seine, M. Riche, in the name of a commission of medical and sanitary authorities, read a report concerning the practice of using vaseline in pastry as a substitute for butter or fat. Pastry thus prepared can be kept for some time without becoming rancid, a quality advantageous to the seller, and as equally undesirable for the buyer and consumer, who is not warned, either by smell or taste, of the falsification of the ingredients or the staleness of the pastry. Vaseline does not possess the nutritive qualities of either butter or fat, and its action on the digestive apparatus has not

been determined, so that it cannot be affirmed that its introduction into articles of food may not be dangerous to health. The Council of Hygiene, therefore, has resolved that it is not desirable that the use of vaseline, petroleine, or neutraline, and all similar products, in preparing pastry or any other form of food, be permitted in France.—*British Med. Jour.*, Jan. 31st.

Use of Preserved Food in an Army.—Some interesting experiments are being made at Munich as to the real value of preserved meats, etc., as a good nutritive substitute for fresh meat, etc., especially how far they can be utilized for the army in time of war. A special company of non-commissioned officers and men from all twelve companies of the 13th Bavarian Infantry has been told off to march daily for a fortnight, with the exception of an occasional rest-day, for six hours, and to go through field-exercises, fully equipped, as in time of war. During this time, they receive no fresh food of any kind, only preserved meats, a kind of biscuit composed of flour, bacon, and chopped-up-meat, with salt and spices, etc. While off duty, they are watched, to prevent them from eating or drinking any thing else, and they are continually weighed. The object of these experiments is to see how far soldiers can remain healthy and fit for fighting when only living on preserved food, which they can carry themselves. So far, the results have been satisfactory.—*British Med. Jour.*, Jan. 24th.

Rhus Poisoning—Senega.—A remedy for rhus poisoning is proposed by Mr. Weigand, in the *Amer. Med. Phar.* It consists in the application, without friction, of cloths moistened with fluid extract of senega. Two or three applications are said to effect a cure.—*Med. Summary.*

Poisoning by Carbon Disulphide.—Dr. Kelp (Friedreich's *Blätt. für Gerichtl. Med.*, 1884, p. 394) relates two cases of poisoning by the vapors of carbon disulphide. The patients, a male and a female, were workers in caoutchouc factories. In both cases neurotic symptoms, ending in insanity, were the prominent symptoms. These cases bear out the well-known views of Delpech as to poisoning by this substance.—*London Med. Record*, Dec.

PARTURIENT.

The Vectis, and Macrotin.—W. E. Rogers, M.D., Rexford Flats, N. Y., writes: Believing, as I do, that any thing that promises to shorten the pains of labor and the dreary imprisonment of the doctor deserves attention, I will offer a few suggestions, which have been repeatedly proved to be valuable in my own experience.

The vectis, and macrotin, in my hands, have proved powerful auxiliaries in shortening the hours of labor. I was instructed in the medical school never to take an instrument with me to the bedside of the patient. I have long since learned never to go there without one.

The vectis is my favorite instrument, and I seldom find it necessary to resort to the forceps. Many times when the pains were good, but when the head, though properly presenting, was not in just the position to glide along the oblique diameter of the pelvis easily, and the labor was thus retarded, I have, by slipping the vectis under that side of the head which was unduly pressing against the pelvis, lifted it into its proper place, and then, with a little traction, brought about the delivery speedily.

I have often been surprised at the rapid advancement of the labor when the pains are aided by the vectis. When the pains are inefficient and the os undilated and unyielding, I put five or six grains of *macrotin* in half a teacupful of water, and give, every fifteen minutes, one or two teaspoonfuls. One of the first effects observed is a relaxation of the os and soft parts and an increased flow of mucus. The pains now soon improve, you slip in the little vectis, and when the uterus pushes, you pull, and in an incredibly short time the labor is accomplished *cito, tuto, et jucunde.*

I have seldom had any trouble with the after-birth when I use the macrotin.—*Albany Med. Annals*, Jan.

Sulphate of Copper in Obstetrics.—Dr. Charpentier, of Paris, has proposed the use of copper as a local application in obstetric practice. *L'Abeille Médicale* gives the following as his conclusions: Sulphate of copper employed in solution of one to one hundred is an antiseptic of the first order, which can render great service in obstetrics. Absolutely inoffensive to the patient, of a very moderate price, and easy management, it joins to the advantages of being a very

powerful antiseptic that of being an almost instantaneous disinfectant. Whether it be employed as an intra-vaginal or intra-uterine injection, it is absolutely innocuous. It possesses astringent and coagulating properties to such a degree that it can be substituted as a hæmostatic for the perchloride of iron, over which it has the advantage of not leaving a foreign substance in the wound. The solution should be heated to 100° F. Its use can be continued during the first eight or ten days, several times in the twenty-four hours, without other effect than lowering the temperature and diminishing the frequency of the pulse. The author has had excellent results with the copper solution in large thrombus of the vulva, fetid abscess of the urethro-vaginal fold, and similar conditions, cutting short the general symptoms resulting from the putrid infection, and bringing about rapid healing, where phenic-acid solutions had failed.—*N. Y. Med. Record*, Jan. 24th.

Puerperal Eclampsia Seventeen Days after Labor.—Dr. Easby (Peterborough) related the following case at the Cambridge Medical Society. A delicate woman, aged 24, was delivered by him on November 27th, after an easy labor, of a female child. It was her second confinement, and she made a good recovery. On December 13th, he was asked to see her, and found her suffering from a severe cold and constant frontal headache. The next morning, at 8, he was sent for hurriedly, as she had had several fits. He found her in a semi-comatose state; pulse 60; temperature 99°. The bowels had not acted, and she had not passed any urine. He prescribed twenty grains of chloral, and she had no further fit until noon. At 3 P. M., a little urine had been passed, of specific gravity 1020, and containing one fourth of albumen. At 4 P. M. and 6 P. M., two more slight attacks occurred. The dose of chloral was repeated after each, and a turpentine enema was given. At 8 P. M., she had a violent convulsive attack, with twitching of the right arm and leg, and in five minutes another and worse attack. A catheter was passed, and a pint of urine drawn off, and a third of a grain of tartrate of morphia given hypodermically. She slept well, and there was no recurrence of the fits. She made a good recovery, and the albumen in the urine disappeared. Dr. Easby remarked that, after careful search, he had only been able to find records of one case in which so long as seventeen days had intervened. Dr. Roper had seen three cases—one before and two after delivery. Of the two latter, one was treated with calomel and jalap, and died; the other with chloral and recovered. Mr. Carver mentioned two cases under his care, both young full-blooded primiparæ. He bled them both to twelve or fourteen ounces, and induced labor. They each made a good recovery.—*British Med. Jour.*, Jan. 3d.

Puerperal Peritonitis — Ice and Opium.—Dr. Henry J. Garrigues, in the *New York Medical Journal*, speaking of the treatment of puerperal peritonitis, says: At the beginning of the disease I wash out the uterus once thoroughly in order to remove what septic material might be found there. After this if there is any fetid discharge vaginal douches are used every three hours. Two large rubber ice-bags are placed on the abdomen and kept well provided with ice. But the chief remedy is opium. This is preferably given by the mouth, in one-eighth to one-fourth-grain doses, frequently repeated so as to keep the patient free from pain. Brandy and whiskey are also used freely to counteract the effect of the ice and the opium. As to diet only milk and beef tea are given. The bowels are usually left undisturbed; though at times if thought best an enema may be given.—*Louv. Med. News*, Jan. 31st.

Chloroform Externally in Labor.—External use of chloroform in labor is recommended by A. Svanberg, a Swedish obstetrician, (translated in Chicago *Med. Jour. and Ex.*,) in severe cases where the rigidity of the whole organ or of the external os has caused an obstacle to delivery. He uses a mixture of chloroform and sweet oil in equal parts, or two of the former to one of the latter, in which a piece of flannel is soaked and then applied closely to the skin between the navel and symphysis pubes. In severe cases a second application may be necessary after an interval of five minutes. He claims to have found always the rigidity disappear in the course of five or ten minutes. Certainly if the experience of others confirms the experiences of Dr. Svanberg, he has made a valuable contribution to our resources. — *Weekly Med. Review*, Jan. 10th.

Mercurial Poisoning from Intra-Uterine Injections.—Dr. Partridge related to the N. Y. Obst. Soc. the history of a case of labor that had occurred at the Nursery and Child's Hospital, in which vaginal injections of bichloride of mercury, 1 to 2,000, were used, and the patient did well for three days. On the third day she had a chill, and the house-surgeon gave an intra-uterine injection of the same solution. The next day there was another chill, and the injection was repeated. This was followed by bloody passages from the bowels, and death took place. Intense colitis was found *post mortem*. Dr. Partridge referred to reports of three other cases of supposed mercurial poisoning from the same cause. The patient whose case he had related died within sixty hours from the administration of the first intra-uterine douche.

Dr. Colin Mackenzie had known severe uterine colic result from a vaginal bichloride injection.—*N. Y. Med. Jour.*

Habitual Abortion — Chloride of Gold and Sodium.—In cases of habitual abortion, Prof. Bartholow suggests the use of the chloride of gold and sodium.—*Col. and Clinical Record.*

GYNECIC.

Treatment of Retro-Uterine Hemorrhages.—As is well known regarding the treatment of retro-uterine hemorrhages, the doubt still exists, whether laparotomy or the vaginal opening of the blood-tumor merits the preference. Martin represents the views of those who think that by laparotomy they are better able to remove thoroughly all blood-clots from the sac than can be done by elytrotomy (opening per vaginam).

P. Zweifel (*Deutsche med. Zeitung*, No. 100, 1884, December 15th) has recently investigated the subject. He believes that, from a theoretical point of view, the adherents of Martin were right, but that practically the scraping of the sac could be done with the same ease and thoroughness, if performed per vaginam. He recommends an opening of two or three fingers' width in the vagina, and says, that with a cautious use of the dull curette the danger of hemorrhage need not be apprehended.

In laparotomy, the surgical injury is greater, the operation more complicated, and the transfer of the contents of the tumor into the abdominal cavity scarcely to be avoided. Regarding statistics, the figures thus far still are rather small, but as far as they go they doubtless speak in favor of the operation per vaginam. The cavity can be emptied with the same ease and disinfection of it, as well as any local application of whatever kind may be performed with far greater security, there not being the risk of either the contents of the sac or of the injected fluids entering the peritoneal cavity. When, therefore, no special reasons, as abnormal position of the implicated parts, contraindicate the operation the opening of the sac should always be made from the vagina, and laparotomy performed only in specially selected cases, which do not permit the other method.—(Editorial)—*Med. and Surg. Rep.*, January 31st.

Hydrocele of the Labium.—A. R. Anderson, F.R.C.S., Nottingham, gives the following: A. S., aged twenty-eight, was admitted into the Nottingham General Hospital on December, 13, 1882, with the following history. For several years she had noticed a swelling in the groin, over the situation of the external abdominal ring, of which she had taken but little notice, as it caused her no inconvenience. It slowly increased in size up to the time of her applying at the hospital, when, thinking she was ruptured, she came to the out-patient room for a truss.

On examination, a swelling of considerable size, oval, and elongated in shape, was seen occupying the right labium, and reaching up into the corresponding inguinal canal. It was quite smooth, tense, elastic, and dull on percussion, with a distinct impulse on coughing visible to the eye as well as to the touch. On further examination, it became apparent that the impulse was communicated and delusive, as moderately firm pressure over the upper part of the inguinal canal stopped it altogether, and, at the same time, the upper limit of the swelling could be made out with some difficulty, and it could be pushed down into the labium, so as to make the latter project in a striking manner. Fluid was diagnosed, and this was verified by the introduction of a fine needle. The opening was then enlarged, and about five ounces of a deep yellow-colored fluid removed, and the sac injected with tincture

of iodine. It did not refill, and in a week she was discharged cured, and remained so when last seen, about three months afterward.

I have no doubt that this was a genuine case of hydrocele of the labium, understanding by that a distention with fluid of the process of peritoneum which normally accompanies the round ligament into the inguinal canal, and which is known as the canal of Nuck. This process is usually obliterated in early life, but is said to be sometimes found patent even in old persons.

Be this as it may, such a case as the above is of so great rarity as to make me think it worthy of publication.

The differences which distinguish this form of swelling from an inguinal hernia were fairly well marked in this instance. 1. The tumor never varied in size, or disappeared on lying down. 2. It had been coming for years, and gradually growing larger. 3. It had created no derangement of the general health or intestinal disturbance. 4. Its upper limit could with care be defined, and it could be pushed down into the labium. It simulated hernia in its situation, and shape, and in the very distinct impulse on coughing.—*British Med. Jour.*, Jan. 31st.

Hydrocele in the Female.—Henning, of Leipzig, read a paper on this subject before the Society of German Naturalists and Physicians in Magdeburg.

Hydrocele in the female, he said is very rare; he has been able to find only thirty-nine cases recorded in literature, and has had two cases in his own practice. Apart from their interest to the gynecologist, these cases merit the attention of accoucheurs, as hydrocele may render delivery very difficult, or even impossible; furthermore, the exudation, by passing up the inguinal canal into the abdomen, during labor, may cause peritonitis; three instances of this accident are recorded. It may also cause sterility; a case is reported in which sterility of fourteen years' standing was cured by removal of the hydrocele. Zuckerkandl made post-mortem examinations of the bodies of nineteen young girls, the ages ranging from one to twelve years; in four cases he found the so-called Nuck's diverticulum, bilateral in three cases. If the hydrocele communicates with the abdominal cavity, the contents may be forced out into the cavity. In many cases small sacs are found in the course of the round ligaments; they are liable to occur after traumatism, and to become inflamed.

Hydrocele occurs from the seventh to the seventieth year, and is more frequent in women who have borne children than in nulliparæ. In eight cases it was on the right side, in six on the left; in two it was bilateral. Of forty cases, the hydrocele completely filled the canal in twenty-five; of these, three did not communicate with the abdominal cavity, and fifteen were closed cysts. In five cases the fluid was bloody.

The affection begins painlessly. At first the swelling is slight and disappears on lying down. Though there is seldom any fever at first, it comes on when the hydrocele becomes inflamed, which may occur from excessive tension. Erysipelas has also been observed before an operation. Hydrocele in the female has been mistaken for hernia; the diagnosis can be easily made in some cases by the use of the aspirator needle. The hydrocele has been known to suppurate in a few cases, but the suppuration has never extended to the abdomen. Of twenty-eight cases of hydrocele, twenty-three were cured, and the hydrocele returned in five cases. The treatment consists at first in placing a bandage over the sac, and later in making an incision and filling the sac with charpie.—*Phila. Med. News*, Jan. 31.

Permanganate of Potash in Puerperal Pyrexia.—Mr. T. B. Green, Border Counties Branch, read a paper on the use of permanganate of potash in the treatment of some forms of puerperal pyrexia. He believed that, in most cases, warm vaginal injections of diluted Condy's fluid, frequently repeated, were of great use, generally efficient in reducing temperature, and conducive to the speedy convalescence of the patient. He read notes of a case of puerperal scarlet-fever of the anginous variety which was successfully treated by very frequent vaginal injections of warm and dilute Condy's fluid, combined with the internal administration of one grain of permanganate of potash every two hours, stating that improvement began from the moment this treatment was adopted. The only cases of puerperal pyrexia which he had not found benefited by the vaginal injections were pelvic cellulitis and decomposing shreds, or clots, in the uterus; in

the latter case, the injections, if carried up into the uterus, with precautions, proved effectual.—*British Med. Jour.*

Sanguineous Cyst of the Abdomen.—Dr. Oliver records the case of a woman aged twenty-four, a widow, who was admitted into the Newcastle-upon-Tyne Infirmary on account of an abdominal swelling. There was a large quantity of fluid in the abdomen; it was encysted, and entirely confined to the left half of the abdomen. The temperature was 100° F. on admission, and rose the next day to 102° F. It was decided to aspirate, and 148 ounces of blood-red fluid were drawn off. The temperature kept rising for some days after this, and it soon became evident that the fluid was again accumulating. The tumor was again aspirated, and eighty-four ounces of fluid drawn off. Previous to this second operation, the patient suffered from pleurisy of the left side, from which she made a good recovery a few days after the operation. As the effusion disappeared from the left pleura, the fluid in the abdomen reaccumulated, but disappeared again without aspiration. The patient then left the hospital by her own request, but nine days after was re-admitted with severe pain in the abdomen and frequent vomiting. Fly blisters were freely applied to the abdomen, and in a few days the pain had entirely gone, and very shortly afterward the patient left entirely recovered. The author regards the case as hæmatocele of ovarian origin, and records it on account of the success which followed a simple line of treatment, viz., aspiration.—*London Med. Record.*

Suprapubic Lithotomy in a Woman.—Lawson Tait reports a case in which a calculus occurred in the bladder of a woman who had been the subject of a plastic operation for a large vesico-vaginal fistula in which the cervix uteri had been turned into the bladder permanently, menstruation occurring into its cavity. Two years later she had symptoms of stone in the bladder; the calculus was then removed by crushing. Subsequently another stone developed, which was inaccessible through the urethra. Not wishing to undo the work already done, which had required seven operations to complete, Mr. Tait performed suprapubic lithotomy and removed the stone. Although the peritoneum was opened, the patient made a good recovery. The peritoneal wound was carefully closed, and a drainage-tube passed through the urethra and the wound. The stone was a soft phosphatic concretion, and was adherent to the sac in which it had formed. —*London Med. Press and Cir.*

Diagnosis and Treatment of Diseases of the Fallopian Tubes.—In a paper on this subject, read before the International Medical Congress (*Annales de Gyn.*), Martin, of Berlin, says that the diseases of the Fallopian tubes do not present the great difficulties of diagnosis described by writers generally.

It suffices, he says, to practise combined examination by the vagina and abdominal wall to recognize the tubes, and the recognition is quite easy when they are diseased. The tubes may be confounded with the round ligaments, or with a tumor developed in the broad ligaments.

Tumors of the Fallopian tubes occur in about six per cent. of women. The surgical treatment—extirpation—is very dangerous, and the prognosis is certainly worse than that of ovariotomy. Of 100 cases of ovariotomy, he only lost three patients, whilst of eighteen cases of salpingotomy, five had been fatal. Medical treatment should be resorted to before surgical interference.

Sanger reported that he had performed salpingotomy four times, with success. Simpson thought that an exploratory incision was always permissible.—*Phila. Med. News.*

Anæmic Amenorrhœa.—A pale, thin, delicate, overworked girl, who had been taking oil of pennyroyal in vain for scanty and irregular menstruation, appeared before the class last month. Professor Parvin, in speaking about her case, said that no mistake was more common than that of trying to remedy the amenorrhœa of anæmic patients by uterine and ovarian stimulants. This girl did not menstruate freely and regularly, simply because there was not blood enough in her system for the full performance of that function. The proper treatment for her and similar patients would be rest in bed, massage, plenty of nutritious food, and the administration of iron and other tonics. Then with the improvement in general health the amenorrhœa will disappear, either spontaneously, or under the action of a few pills of turpentine, aloes, and iron.—*Med. Bulletin*, Jan.

Rapid Dilatation of the Uterine Canal—Opiate Treatment.—Dr. Harris inquired at the Obstetrical Society of Philadelphia about the danger of lighting up a former ovaritis by dilatation.

Dr. Goodell said that he does not hesitate to operate, but always uses opium first, so that by the time the operation is over the patient is under its influence. He keeps them in bed and under the opium until tenderness has passed entirely away.—*Phila. Med. Times*, Jan. 31st.

Cocaine in Vaginismus.—M. Cazin reported to the last meeting of the Paris Surgical Society that a patient who had been married many years suffered from such a degree of vaginismus that marital intercourse had never taken place. The vulva and vagina were painted with a solution of cocaine, with the result, that the hyperæsthesia was so far diminished and for so long a time, that an attempt was at last successful.—*London Med. Press*, Jan. 28th.

Inflamed Mamma.—(Dr. Whitla, Belfast.)

℞ Ext. belladonnæ . . . ʒj.
Glycerin. . . . . q.s.

Fiat applicat. Sig. A little to be spread upon lint and applied to the inflamed breast and covered with oiled silk.

—*Med. Bulletin.*

PEDIATRIC.

Causes of Death in New-Born Children.—Dr. Nobiling, of Munich, whose labors in forensic medical research have earned him the reputation of a high authority in Bavaria, has recently published in the *Ærztliches Intelligenzblatt* a series of contributions on the pathological appearances observed in the bodies of children that have died from asphyxia shortly after birth. He has examined a large series of bodies, and has arrived at the conclusion that the asphyxia often attributed to overlying, and even to obscure pulmonary disease, is too often due to foul play. He is particularly suspicious of extravasations of blood, and sums up his conclusions on that subject. Extensive subcutaneous extravasations could always be traced by Dr. Nobiling to external violence, including such as might be received in protracted and instrumental labor, and attempts to restore animation. Effusions of blood in the muscles of the neck and along the course of the great vessels are always caused by forcible strangulation. Hemorrhages under the capsule of the liver or in its substance are invariably the result of external pressure, and so are lacerations of the peritoneum, liver, spleen, and kidneys. These injuries are by no means rare results of violent attempts to promote respiration, and Dr. Nobiling has traced them also to rough and clumsy handling of a new-born infant by male relatives or incompetent nurses. Hemorrhages in the tissues of the umbilical cord are very rarely caused by the mechanical forces of labor, or even by artificial replacement of the prolapsed cord; they generally result from firm manual pressure on the cord, or from intentional laceration. Circumscribed collections of blood under the scalp or integuments may be either due to mechanical labor, or to many other kinds of external violence; the same applies to hemorrhages in the substance of the lips, tongue, palate, and pharynx, which are always traumatic. Bleeding from the external auditory meatus, and extravasations behind the ear are also the results of violence, not disease. Dr. Nobiling has often found a portion of the fluid or solid material which caused the infant's death in the nasal fossæ, mouth, larynx, trachea, bronchi, pulmonary vesicles, œsophagus, stomach, tympanum, or Eustachian tube; sometimes in only one of these anatomical structures and regions. When blood is found lying free in the same parts, it may have proceeded from the infant's nose, or have entered its mouth during parturition, being of maternal origin. The principal lesson to be learnt from the researches of Dr. Nobiling is that all internal and intestinal extravasations of blood in the body of an infant are to be regarded with suspicion, and to be considered as traumatic, being due to violence causing visceral injury, or complete and sudden asphyxia,—*Med. and Surg. Rep.*, Jan. 17th.

Whooping-Cough.—Dr. Robert Lee, in a lecture, commenced by giving illustrations showing the very infectious character of the disease. In very young children, the disease is not always recognized, as the whoop is a rare symptom; the reason being that a young child cannot vocalize a whoop. It has neither the power nor the organs to do so. The cough of whooping-cough is

due to laryngeal irritation. One may hear the same kind of cough in children with large cervical glands, and possibly this fact may have led some to infer that in whooping-cough the glands are affected. The early symptoms of the disease are most important, as the wasting and debility caused by the primary fever are in many cases well marked; another symptom which is often fatal is diarrhœa—it usually occurs in hot weather, and is often diagnosed as infantile diarrhœa, for the laryngeal and pulmonary symptoms usually subside when the diarrhœa arises. With regard to treatment, the best plan is to treat the general and local symptoms separately. Among the local remedies for the relief of the laryngeal spasm, there is none which gives more decided relief than the inhalation of carbolic acid. Alum with honey is a popular remedy, and this acts apparently locally. Four or five grains of bromide of potassium, with four or five minims of tincture of belladonna, seem to diminish the laryngeal irritability for a time, but in severe cases no great benefit is derived from them. As regards general treatment, the symptoms of fever and wasting have to be considered. The author concludes by stating the general routine treatment adopted by him: a mixture of bromide of potassium and extract of belladonna, with an equal quantity of mistura oxymellis scillæ of the Pharmacopœia of the Children's Hospital. The thorax and back are to be rubbed every night with turpentine liniment; and when possible the fumes of Stockholm tar, obtained by gently heating the tar, or stirring it with a hot poker, should be inhaled.—*London Med. Record*, Jan.

Lancing Children's Gums.—In the discussion of this subject before the Medical Society of London, Mr. Hamilton Cartwright (dentist) was distinctly of opinion that both diarrhœa and convulsions might be caused by dentition. There were two conditions under which lancing the gums is indicated: 1. If the gum is tense and glistening at the epoch when the tooth is about to come forward, by cutting into the sac of the tooth great and immediate relief is afforded. 2. In an inflammatory condition of the gums with tumidity, but without the extreme tension of the first class of cases, incision gives relief. In the latter class of cases the treatment is empirical but none the less successful.

Dr. C. J. Hare said it was to him a matter of great surprise and regret that the profession should so blindly give way to fashion as it had done on many points. Hundreds of lives had been lost by abandoning the use of bleeding; and among the forms of bleeding, the practice of lancing the gums, that is, bleeding from the gums, is one that deserves to be revived or continued. Dr. Webb had seen so many children on the point of death saved by lancing the gums that he regards it as a most valuable method of treatment.—*Md. Med. Jour.*, Jan. 31st.

Length of the Large Intestine as a Guide to the Age of the Fœtus.—From an examination of eighty-one fœtuses, varying from the third to the ninth month, Dr. Severi regards the length of the large intestine as an important clue to the age. While the small intestine does not bear any constant relation to the length of the body, the large intestine is found to vary pretty definitely according to the length of the fœtus at different ages. Thus, from the third to the sixth month the great intestine is shorter than the fœtus; in the seventh month they are equal in length; and in the eighth and ninth months the large intestine is longer than the fœtus. After the first two years of extra-uterine life, during which the superior length of the great intestine is maintained, the disparity becomes gradually less, and a time arrives when equality is again reached. As the intestine varies in length according as it is distended or not, it is necessary to proceed on a uniform plan. Dr. Severi partially distends it on a table after its removal from the body, and then cuts it into pieces about forty-five to fifty centimetres in length. This facilitates the measurement.—*London Med. Record.*

Urinary Incontinence in Children.—Dr. W. J. Willim, of Atlantic, Iowa, suggests the employment of tr. ferri chloridi in doses of 5 to 10 drops three times daily. He states that he has used this drug in a number of such cases, and in nearly all it has given almost instant relief. In some cases, however, the incontinence may be due to an elongated prepuce; circumcision is then indicated.

[In some instances the reaction of the urine will be found to be abnormally acid from excess of uric acid, which will be

found in crystalline form on microscopic examination of the urine. Alkalies and the reduction in the amount of nitrogenous food, particularly in the evening meal, are then indicated.—ED.].—*Therap. Gaz.*, Jan.

SURGICAL.

Cerebrotomy.—*The Medical Times and Gazette* gives the following account of the unique case reported by Dr. Bennett and Mr. Godlee. The case was progressing favorably when the account was written, but has since terminated fatally.

"The chief symptoms which led Dr. Hughes Bennett to diagnose the extent and locality of the tumor were paroxysmal twitchings of the left side of the face, alternating with twitchings of the arm on the same side, followed by slowly progressive paralysis of the hand, and later on by twitchings of the eyelids and leg without paralysis. These symptoms were accompanied by double optic neuritis and violent headache. The conclusion arrived at was that there was a tumor, probably not larger than a walnut, situated at the upper third of the fissure of Rolando. The skull was trephined by Mr. Godlee over the corresponding spot, under which the convolutions appeared to be healthy. An incision was made in the ascending frontal convolution, and a quarter of an inch below the surface a tumor of the size suspected was discovered and removed. The operation was performed under strict antiseptic precautions.—*N. W. Lancet*, Jan. 15th.

Dry Cupping in the Treatment of Anthrax.—Dr. E. I. Thorn writes as follows: Upon the appearance of one or more of the small ulcers at the apex of the tumor, apply the cup after inserting a lighted taper moistened in turpentine. In a moment this will open the cells, and there will exude into the cup a teaspoonful, more or less, of sanious pus. Follow this operation with poultices to keep up the discharge, and in a few days the carbuncle will disappear. In this way we avoid from three to six weeks of suffering, and the constitutional results of the usual protracted illness.—*N. Y. Med. Record*, Jan. 17th.

Multiple Punctures in the Treatment of Vascular Hypertrophies of the Nose.—J. Herbert Stower, in the *British Medical Journal*, recommends multiple punctures in the treatment of vascular hypertrophies of the nose. He reports three cases permanently improved. He uses an instrument which has a number of small steel blades. From one to three drachms of blood are extracted at each sitting. The parts are covered with vaseline to afford protection.—*Louv. Med. News*, Jan. 31st.

Continuous Pressure in Keloid.—Last winter Prof. DaCosta presented at his clinic a girl with the greatest disfigurement of the face from keloid following variola. Surgical removal being impossible, he was compelled to originate a treatment by less violent means, and ordered collodion topically, having the idea that compression would be of service. This treatment was continued for four months, and stopped because it began to give pain. The patient was then almost cured, and iodoform was applied for a while. This session the patient was shown at the clinic without the keloid, and Prof. DaCosta's method of treatment, by continuous pressure, proved to have been a great success.—*Col. and Clin. Record.*

Aseptic Suture Silk.—According to Partsch (*Deutsche med. Zeitung*), ordinary silk for sutures may be rendered perfectly aseptic by steeping it for two days in a ten-per-cent. solution of iodoform in ether, and then drying it between two folds of blotting-paper in a warm room. This aseptic silk is specially useful for wounds about the mouth, face, or genitals, does not cause suppuration when left long in the tissues, and has the great advantage that it can be kept in stock dry.—*Glasgow Med. Jour.*, Jan.

New Method of Reducing Dislocation of the Lower Jaw.—Dr. Massey writes that, by introducing the little finger into the ear, one can feel the joint of the lower jaw move quite easily. A case is related of a young girl, aged sixteen, who had noticed a contraction in the entrance to her right ear, which was caused two years previously by dislocating the jaw during a fit of yawning. Dr. Massey ordered the girl to force her little fingers into the ears whilst he manipulated with the articulation. The patient opened and shut her mouth rapidly six times, then a snap was heard, and the dislocation was at once reduced.—*London Practitioner*, Jan.

Pathognomonic Sign of Fracture of the Neck of the Femur.—Prof. Bezzi, after showing in the Spallanzani the difficulties and uncertainties which often attend the diagnosis of this accident, observes that at the Milan Hospital a traditional practice exists of exploring, whenever fracture of the femur is suspected, the short spaces between the trochanter and the crest of the ilium. In place of the considerable resistance which there is produced in the sound limb, through the tension of the tensor fasciæ latæ, there is found, when the injury has occurred, a deep depression, due evidently to the diminution of the tension of this muscle, owing to the approximation of its points of attachment.—*Med. Age*, Jan. 26th.

Surgical Fever—Mixture.—A mixture used at the Hospital, in surgical fever, is the following:

℞ Liq. ammon. acetat.,
Liq. potass. citrat. . . . . āā ʒ j.
Spirit. æth. nit.,
Liq. morph. sulph. . . . . āā ʒ ss.

M. Sig.—Dessertspoonful ter die.

If the fever runs very high, gtt. ij tinct. aconit. rad. are added to each dose.—*Phila. Col. and Clin. Record*, Jan.

Celluloid Strips for Sayre's Jacket and Other Purposes.—Macnaughton Jones writes: I wish to draw the attention of readers to the celluloid strips made for me by Messrs. Maw, Son, & Thompson. They measure six inches by half an inch, and are three millimetres in thickness. By immersing them in boiling water, they can be bent to any shape or angle, which form they retain when plunged into cold water. Thus, by reason of their extreme lightness, combined with their rigidity, they are most valuable additions to the sides of the jacket of Sayre, taking the place of whalebone in a corset; also in extemporized fixing apparatus for joints, or in other splints, they will be found of use. Each strip weighs about two drachms.—*British Med. Jour.*

Surgical Nail.—M. Motais, of Angers (*Revue Méd. Franç. et Etrang.*), presented to the French Association for the Advancement of Science a small instrument having the form of a finger-nail, and intended to cover the end of the finger and the nail. M. Motais has used it in removing axillary ganglia in cases of carcinoma of the breast; it may also be used instead of the rasp in operations on the periosteum, and for removing polypi from the uterus. It is shorter than the similar instrument used by Amussat, coming only to the extremity of the finger.—*Phila. Med. News.*

Decoction of Valerian in the Treatment of Contusions.—Upon the suggestion of Dr. Grehant (*Lyon Méd.*), Dr. Aragon has made a number of trials to determine the value of a decoction of valerian root as a dressing for wounds, and especially for contused wounds. The decoction used was of the strength of thirty grammes of valerian root to one litre of water. The cure was no more rapid than that which obtains with other dressings, but from the first application the pain was completely abolished. This is a point of considerable importance if it should prove to be sustained in further trials.—*N. Y. Med. Record.*

Sharp Spoon in Cancer of the Lip.—Dr. Lediard read a paper upon the application of the sharp spoon to limited cancers of the lip. Four cases were recited, in one of which there had been no return of the disease for two year; in another, eighteen months had elapsed before a growth appeared at another part of the lip. The advantages gained were less deformity, less bleeding, less operative detail, and the use of an anæsthetic avoided; whilst the immunity from return might perhaps prove to be on a par to that afforded by the knife.—*British Med. Jour.*

Exploring Needle. — The tubular needle furnished with all hypodermic syringes is a far better instrument for exploration than the grooved needle called an exploring needle, and has the additional advantage that it can be used with the syringe attached, which, when so employed, becomes a small aspirating pump. The exploring needle should be discarded from all pocket-cases, and substituted by the hypodermic syringe, which is needed also for subcutaneous medication. — *British Med. Jour.*

Fixed Dressing.—As a fixed dressing for joints, etc., requiring rest, Dr. Levis uses the following, which is painted over roller bandages or cloth applied to the part:

Glue	lb. j.
Oxide of zinc	lb. ss.
Water	Cong. ss.

—*Col. and Clinical Record.*

MISCELLANEA.

Diphtheria — Vin Mariani. — E. C. Goodrich, Augusta, Ga., writes:

"I have been prescribing Vin Mariani for several months, and with entire satisfaction. I am just recovering from an attack of Diphtheria which I contracted from a patient, and owing to my extreme debility I commenced taking your preparation and am now—after taking the fourth bottle—like a new creature, and I desire to continue its use for some time."

It is without doubt a great tonic.

To Destroy the Odor of Foul Breath, The Smell of the Axilla, and the Fetor or the Sweat of the Feet.—

℞ Potass. permanganat. . . . . gr. vj.
Aquæ . . . . . ʒ vj.

Sig.—Apply frequently.

—*New Eng. Med. Mo.*, Nov.

Phosphated Peptone.—The benefit gained by the use of phospate of calcium in scrofula is well known. Dr. A. Judet (*Progrès Méd.*) warmly praises its utility for persons of this diathesis, during pregnancy and lactation. At such times its bone-forming properties and its influence on the assimilation of albuminoids render it equally helpful to mother and child. Dr. Judet has lately used this preparation in combination with peptone as found in the *Vin de Bayard* to correct severe vomiting in a feeble woman three months pregnant. After slight initial intolerance, a tablespoonful every four hours was well borne, and the amount gradually increased to twice that quantity, no other food being given. Distressing symptoms soon ceased, and after a time soups and other light forms of food could be taken. A small quantity of the phosphated peptone continued to be used throughout the time of pregnancy and lactation. A large and healthy child was born, and the mother was able to suckle it herself, a task to which her strength had not been equal in the case of her previous children.—*London Practitioner*, Dec.

Opium Habit — Cocaine. — A confirmed case of this nature is now under treatment in this city, and after despairing of finding any substitute, the attending physician adopted Cassebeer's cocaine. The patient has gradually supplanted the opiate with cocaine and is convalescing.

To Reduce Temperature.—Stephan (*Allgem. Med. Centr. Ztg.; St. Petersburg Med. Woch.*) says that the application of ice-bags over the supraclavicular regions during fever is followed by a marked reduction of the temperature. In several cases of typhoid fever treated in this manner he was able to control the fever, while the sensorium remained clear. The explanation offered is that many large superficial veins are situated in the neck, and that by the direct application of cold to them the temperature of the blood is lowered rapidly.—*Med. and Surg. Rep.*, Jan. 31st.

"Mixed" Anæsthesia.—The practice of preceding the inhalation of chloroform or ether by a subcutaneous injection of morphine or of atropine is advocated by Columbel (*Lyon méd.*), who states that the narcosis is more rapidly induced and more complete, that the unpleasant after-effects are avoided, and that the atropine diminishes the irritability of the cardiac ganglia, thus lessening the danger of paralysis of the heart.—*N. Y. Med. Jour.*, Dec. 20th.

Bites from Bugs.—Mr. Startin writes that, being troubled by bites from the harvest-bug, he found a liniment composed of a drachm of spirits of chloroform and camphor, and two grains of bichloride of mercury to four ounces of water, a good application to allay the irritation. A little camphorated oil rubbed into the skin of the legs and arms will generally prevent the attacks of this insect—*London Med. Record*, Nov.

Pruritus of Pregnancy—Sulphurous-Acid Lotion.—Dr. Powell, Beckenham, writes in answer to a query: Presuming "A Member's" patient is not diabetic, I would suggest that she should apply to the parts affected a lotion of sulphurous acid in warm water (half an ounce to the half pint), the results of which I have found uniformly successful.—*Brit. Med. Jour.*

Stings of Insects.—For the sting of poisonous insects the following is highly recommended by a correspondent of one of the German journals: Tincture of tobacco, 200 parts; boracic acid, 6 parts; salicylic acid, 12 parts; carbolic acid, 6 parts; oil of melissa (balm), 1 part.—*National Druggist*, Nov.

Acute Diabetes Mellitus—Vitalized Phosphites.—A patient suffered a subacute attack of inflammation of the liver and stomach. But little medicine was taken and the treatment consisted principally in the constant use of ice. The ice was scraped and swallowed by the teaspoonful. The abatement of the inflammation was rapid and the recovery speedy, but the urine was loaded with sugar.

As there was great debility the vitalized phosphites was prescribed, with the good result of increasing the strength and lessening the quantity of sugar. The most peculiar effect was that if the vitalized phosphites was omitted for a day the amount of sugar greatly increased. This was tried many times with the same result. The vitalized phosphites has been continued steadily for two months and the sugar has entirely disappeared. .O. R.

Rheumatism. — Professor Bartholow says that in acute rheumatism, as a general rule, subjects of the flabby, obese type will be best treated by the alkaline plan, and the thin, anæmic subjects by the administration of tincture of the chloride of iron. Muscular, robust patients, on the other hand, will usually be more successfully treated by the application of a number of small blisters around the affected joints. Blisters may also be used with benefit in all cases when a relapse occurs, or when the joints remain swollen after the acute attack has subsided.—*Med. Bulletin*, Jan.

Nitrite of Amyl and Abortion.—Dr. Samuel W. Francis reports that, having occasion to use a three-drop pearl of nitrite of amyl to restore a feeble patient, a young woman in attendance—and who, unknown to him, had been pregnant some six months—was so seriously affected by the vapor that she had to leave the room; and for several hours it was feared that she would abort. The doctor adds: "Might it not be well, under these circumstances, to study the action of nitrite of amyl as to its influence on the parturient female?"—*N. Y. Med. Record.*

Scrofulous Abscess.—After evacuating the pus of a scrofulous abscess, Prof. Gross states, with confidence, that the best results are obtained from the use of iodoform in glycerine. The amount to be thrown into the sac depends upon the quantity of pus. For every ounce of pus there is required 4½ grains of iodoform and 48 grains of glycerine.—*Col. and Clin. Record*, Dec.

BOOK NOTICES.

Henke's Atlas of Surgical Anatomy.—A Series of Plates illustrating the Application of Anatomy to Medicine and Surgery. Translated and edited by W. A. Rothacker, M.D., Pathologist to the Cincinnati Hospital, Lecturer on Pathological Anatomy in Miami Medical College. Cincinnati, A. E. Wilde & Co., 1884. Bound in half-morocco, $10.

The translator and publishers have rendered eminent service in placing in such accessible and acceptable form the well-known Topographical Anatomy of Henke: it is a clear exposition of applied anatomy for every-day use, showing the various organs and structures in their natural relations, thus refreshing the mind and reviving the lessons learned in the dissecting-room and operative-surgery class.

There are eighty-one full-page plates, printed on heavy-toned paper, with abundant explanatory references upon each diagram. The figures are well drawn and distinctly printed, and include representations of the principal organs of the body, seen *in situ* and in section. The value of this work is self-evident, and its execution deserves the highest commendation.

Medical Therapeutics.—By Geo. H. Napheys, A.M., M.D. Eighth Edition. Phila.: D. G. Brinton, 1885.

The eighth edition of this popular book is about one hundred pages larger than the preceding one. The section on Diseases of Children has been removed to form the nucleus for a new volume. The new pages are mainly devoted to new remedies. Dr. Naphey's work is a valuable one for old or young practitioners. The volume is well printed, and attractive in make-up.

Intestinal Obstructions, their Varieties, Pathology, Diagnosis, and Treatment.—By Frederick Treves, F.R.C.S. Illustrated. Small 8vo, pp. 515. H. C. Lea's Son & Co., Philadelphia, 1884.

The author mentions in the preface that more than two thousand persons die every year in England alone of intestinal obstruction in some of its forms. This is a large figure, and shows at once that not only is the lesion a rather common one, but that surgeons up to the present have not been very successful in combating it. This led the Royal College of Surgeons to propose it for a prize essay in 1883, and the present work is that prize essay, with additions.

A Manual of Bandaging Adapted for Self-Instruction.—By C. Henri Leonard, M.D., etc. Illustrated. Second edition. 8vo, cloth, pp. 159. Price, $1.50. The *Illustrated Medical Journal Co.*, Detroit.

This volume is well worth the price asked for it. The whole subject of bandaging and those akin to it, poulticing, strapping, compresses, immovable apparatus, dressing of wounds, are presented in brief and clear language, and in accordance with the recommendations of the best recent authorities. That the demand has required the preparation of a second edition is a proof of the value of the essay.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE

EDITED BY
WALTER S. WELLS, M.D.

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ZYMOTIC.

Antipyretics in Fever.—One of the scientific facts related by Professor Tyndall in a recent lecture, has an intimate bearing upon some remarks recently made in these columns, as to the antipyretic treatment of fever. Koch having proved that while mice and guinea-pigs are invariably killed by inoculation with the virus of splenic fever, birds can defy it, Pasteur "asked himself why, and his first step was to ascertain the temperature at which this bacillus ceased to multiply. He found that the temperature was about 44 degrees centigrade (or 111° Fahrenheit), and reasoning that the blood of a fowl was of very high temperature, he reduced the temperature of a fowl's blood some degrees, and then inoculated it. The result was that the fowl, which in its normal temperature was proof against this organism, was killed in twenty-four hours. Not satisfied with this, Pasteur next inoculated a fowl when in a low state of temperature, and then transfering it to a very warm temperature the bacillus was killed." Is it not just possible—we do not say probably—that some of our antipyretic therapeutics may be analogous to the experiment in which Pasteur lowered the temperature of a fowl with such fatal results? The very fact that one may ask such a question without a likelihood of obtaining a satisfactory answer shows how large a field of science yet remains unexplored.—*London Med. Press*, Feb.

Germinal View of Disease.—In his third and concluding Cantor lecture on "Climate in relation to Health," delivered at the Society of Arts, Dr. G. V. Poore uttered a very decided opinion respecting the intimate dependence of phthisis on a specific bacillus. Dr. Poore described recent inquiries as proving that this disease is due to a bacillus; and that in the same connection, therefore, the affection must in future rank among infective disorders. Concerning the diffusive power of small-pox contagium, reference was made to recent experiments tending to confirm the belief that the infective particles may be carried at least to a distance of hundreds of thousands of feet from the place of local outbreak. Hay fever also was discussed, and the results arrived at by Mr. Blackley, showing the fever to have been caused by pollen grains carried by the atmosphere, were discussed. Epidemic influenza, potato disease, and other affections were employed in turn as illustrations of the influence of atmospheric conditions as a determining factor in the production of diseases, and at the conclusion of the lecture a general summary of the objects held in view during their delivery was given by Dr. Poore, who said that he had endeavored in these lectures to show that many diseases which we were apt to attribute to climate were in reality due to our own ignorance. A knowledge of the laws of sanitation, and a strict application of those laws, has greatly improved the health of the British soldier both on home and foreign stations, and a reference to the health returns of the army was the best proof of what he had asserted with regard to climate.—*London Med. Press*, Feb. 4th.

Asiatic Cholera and the King of Italy.—In concluding a lecture, Prof. Hugo Engle, Phila., said: That you may know how to visit with safety cholera patients, and to live amongst them, let me tell you what the king of Italy did. While the disease was at its height in Naples, he arrived from Rome and visited the cholera hospitals in Naples. He escaped uninfected, but why? All his food, and all the

water and wine he drank, were sent to him from Rome in sealed and hermetically-closed bottles and boxes. As he could not become infected by way of inhalation, but only by the food and water swallowed, care was simply taken to have the food and drink pure. Should the cholera visit us, have your main organ of digestion in the best possible order, avoid errors in diet, live on the plainest food, and have every drop of water you drink, every particle of food you take, thoroughly boiled, and you will escape all danger from infection.—*Med. and Surg. Rep.*, Feb. 28th.

Comma-Bacilli and Cholera.—From the second report of the Special Cholera Commission in India, it is stated that Dr. E. Klein has found the true cholera-bacilli of Dr. Koch in tanks of water in India, which water was being freely used by large numbers of people, among whom no case of cholera had occurred. If this statement is correct, it has a very important bearing upon the question whether these bacilli have any real etiological relations to cholera or not.—*Jour. Amer. Med. Ass'n*, Feb. 28th.

Cholera.—Prof. Maragliano, chief of the cholera hospital in Genoa, noted an increase in the tension of the blood-current after the enemata and hypodermic injections, as practised by Cantani, and previously referred to, *Zeit f. Therap.* To heighten the effect of this method he advises a mustard bath of 104° F. immediately before or after the employment of Cantani's method of simultaneous rectal injections of tannin and subcutaneons injection of saline solution, and to injeet the fluid in at least two different places. He does not claim, however, that the injection is all that is needed in cholera, but the patient must also be guarded against exhaustion and collapse by hypodermic injections of ether, quinine, and strychnine.—*Therap Gaz.*, Feb.

Cholera—Treatment with Iodine.—According to Dr. Senise, of Naples, iodine has an anti-choleric action *par excellence.* He asserts that cholera has never reappeared where he used tinct. of iodine, sulphuric acid and sulphurous acid as disinfectants. As a prophylactic he ordered a teaspoonful of cognac with a drop of tr. of iodine and two to four drops of laudanum, two to three times a day. Whoever used this mixture was never attacked with cholera. Professor De Renzi gives one drop of the tincture to stop the intense vomiting. He reports many cures with the iodine treatment. Maurice, in a recent communication states that he has observed on the field of the microscope that the microbes while resisting to solution of 10 per cent. of carbolic acid, perish instantaneously under iodine, although used a 1 per cent. solution. —*Chicago Med. Jour. and Exam.*, Feb.

Parisian Treatment of Cholera.—The Hospital treatment of cholera in Paris during the late epidemic comprised rubbing with alcohol or camphorated spirits; and bichloride of mercury, paregoric, or bismuth internally; and hypodermic injections of morphia, with or without Atropine. As prophylactic measures, all drinking water was boiled; patients were strictly isolated; and thorough disinfection was practised by fumigation, and by the employment of bichloride of mercury, and sulphate of copper.—*Med. World*, Feb.

Trypsin as a Solvent of the Diphtheritic Membrane.—Dr. B. M. Van Syckel recommends a trial of trypsin as a topical application in diphtheria. Trypsin is one of the ferments of the pancreatic fluid. It will dissolve its own weight of fibrine in from five to ten minutes at a temperature of 37° Celsius (98.5° F.). Dr. Van Syckel has found that when the diphtheritic membrane, removed post-mortem, is immersed in a trypsin solution at a temperature of 37° Celsius, "it becomes transparent and slightly swollen; then breaking into fragments it is slowly dissolved, with the exception of a small residue consisting of cells and possibly bacteria. This settles to the bottom of the glass, leaving the solution slightly turbid and mucilaginous. In cases where the membrance is still adherent to the surrounding tissue, the solvent action of toe trypsin is slower, but no apparent change takes place in the healthy tissue." The solution is to be applied by means of the spray, applications being made every fifteen minutes if possible, or as often as the strength of the patient will permit, only a small amount of the liquid being used at each spraying. The following extemporaneous preparation has been found very serviceable in his hands: 50 c.c. (℥ j. ʒ vj.) of a 1 to 1,000 solution of salicylic acid may be added to 5 grm. (ʒ j. gr. xvij.) of

"extractum pancreatis," and the mixture allowed to digest in a water-bath at a temperature of 37° Celsius (98. 5° F.) for four hours, then filtered and made slightly alkaline by the addition of bicarbonate of soda. The solution should be made only as required, as it will not keep more than one or two weeks.—*N. Y. Med. Record*, Feb. 21st.

Diphtheria—Inhalations of Oxygen.—Massei agrees with Leci and Boucher (*La Sperimentale*) in praising the efficacy of the inhalations of oxygen in diphtheria. This gas is a poison to bacteria and a stimulant in the adynamy and in the threatening paralysis of the vagus.—*Chicago Med. Jour. and Exam.*, Feb.

Ergot in Typhoid Fever.—Dr. A. Grilliere, in his inaugural thesis, noticed in the *Un. Médicale*, Jan. 1, 1885, gives the following conclusions: Without being a heroic remedy, it is a very useful one in the treatment of typhoid fever. Its effects are analogous to those of quinine and cold baths. It is operative especially in the congestive pulmonary and abdominal form by virtue of its influence over blood stasis and diarrhœa. It is antipyretic, its action in this respect being sometimes very rapid. It diminishes the frequency of the pulse and regulates the circulation. The ataxic and cerebro-spinal forms are surely modified by it. It can be employed during menstruation without fear of accident. The dose varies much according to individuals. As far as possible the drug should be given in fractional doses, which permits better to watch the effect. There need be no fear of using it in children.—*Md. Med. Jour.*, Feb. 15th.

Small-pox—Injecting the Papules.—Tenneson (*Bull. Gen. de Therap.*) has treated eleven cases of small-pox after the method recommended by Ducastel. As soon as the papules appeared they were injected twice daily with a mixture of two or three grains of extract of opium and half a drachm of ether. The needle was carefully cleansed after each injection. In nearly every case not only were the papules aborted, so that they did not go on to the formation of pustules, but there was an actual shortening of the febrile stage of the disease.—*Med. Herald*, Feb.

Germicidal Solution.—Dr Sternberg, suggests a combination of bichloride of mercury and permanganate of potash (two grammes of each) to a litre of water, as a standard solution, which would be reliable for the disinfection of dejecta, sputa, etc., and for general purposes, if employed in an amount equal to the material to be disinfected. This solution is also an effective deodorizer, and by virtue of its color would not be liable to misapplication. The risks of contagion from cholera, typhoid, diptheria, tuberculosis, etc., would be reduced to a minimum by a liberal use of this fluid, the germicide power of which, however, is not instantaneous, but requires at least an hour or more for complete development.—*Med. World*, Feb.

After-Treatment of Vaccine Vesicles.—Dr. F. P. Atkinson suggests the following directions to be given after each case of vaccination. 1. If the arm become red and inflamed, apply powdered oxide of zinc, starch, or flour. 2. Never apply moisture of any kind, whether in the shape of a poultice or cold compress, as it tends to convert the vesicles into open sores. 3. Never apply oil to prevent the clothes from sticking to the arm, as it will do nothing of the kind. If the scabs be rubbed off and the marks be deep and not inclined to heal, it is best to apply some small pieces of lint (of just the size of the sore) soaked in dilute nitric acid lotion (seven minims to the ounce), and keep them covered with oiled silk.—*London Med. Record*, Feb.

Antiseptic Atmosphere.—A good antiseptic atmosphere is obtained by pouring boiling water into a jug containing some leaves eucalyptus globulus and changing it every half hour or so. This, placed by the bedside of the patient, is highly useful in diphtheria, typhoid, whooping cough, bronchitis, croup, asthma, influenza, and other diseases.—*Med. World.* Feb.

Chronic Malaria.—Dr. DaCosta recommends the following prescription, quinine being given at the same time as indicated:

℞ Liquor potassii arsenitis . . miij.
Tinct. nucis vomicæ . . . . mvij.
Tinct. cinchonæ comp. . . . ʒ j.

M. Sig. For one dose, to be taken three times daily.

—*N. W. Lancet*, Feb.

Fevers—Phosphoric-Acid Lemonade.—Dilute Phosphoric Acid is a pleasant acid in fevers, and dissolves phosphates in the urine quite as well as the other

mineral acids. It is well given in lemonade or syrup of raspberries.—*N. Y. Med. Record*, Feb. 21th.

Intermittent Fever—Chloroform.—Professor Bartholow states that an attack of intermittent fever can often be aborted by the administration of a full dose of chloroform, 3 ss.–3 j. when the cold stage is about to supervene.—*Med. Bulletin*, Feb. 7th.

NEUROTIC.

Writer's Cramp—Wolff's Treatment.—A. De Watteville, M.A., M.D., B.Sc., Physician in Charge of the Electro-Therapeutical Department, St. Mary's Hospital, writes: I need not, in this paper, give a full account of the different theories propounded at various times in explanation of this singular neurosis. The fact of its clinical versatility, sometimes with a sensory, oftener with a motor predominance of symptoms (tonic, clonic, or paretic), certainly points to a strictly peripheral origin. Several observers have adopted this view, and Dr. Vivian Poore, who has devoted much attention to the etiology of writer's cramp, has advocated it with much ability, describing this ailment as an instance of what he calls "chronic muscular fatigue diseases." In this category, and intimately connected with the complaint now under consideration, naturally fall all those cases where groups of muscles brought into play in the performance of acquired co-ordinated actions become the seat of nervous troubles. These "professional neuroses," as they have also been called by German writers, have received a considerable amount of attention during the last few years. Cases have been described among violinists, pianists, telegraphists, as well as among lawyers, tailors, machinists, and even ballet-dancers.

The pathognomonic symptom of the muscular disturbances in this class of cases is that the spasm or paralysis, as the case may be, becomes apparent only during the action which brings the particular co-ordination into play. With reference to the pain, when it does exist, it may be spontaneous; but if it be called forth or exacerbated by movements, it is only these co-ordinated actions which have the property of doing so.

Now with reference to the treatment of these "professional" neuroses, it may fairly be said that, not only has the *Pharmacopœia* been ransacked in the search of a suitable drug wherewith to combat the symptoms, but every known external means of treatment has in vain been tried. Successes in individual cases have occasionally been reported, but no method has proved regularly successful. Variously shaped pens and supports for the hand and arm are but very poor substitutes for the healthy action of these parts in writing. Electrical and hydropathic applications have failed, even when combined with protracted rest and hygienic measures.

In 1881 Professor Charcot, on reliable reports published by some of the leading physicians and surgeons in Germany, called to Paris a gentleman, Mr. Julius Wolff by name, whose successful application of massage and gymnastics combined, had earned for him a great reputation in his native country.

The result obtained in unselected cases, as well as authentic reports obtained by myself of other cases treated in this country by Mr. Wolff, convinced me that his previous reputation rested upon a solid basis. In London his success has been the same as that witnessed by Professors Bamberger and Billroth in Vienna, by Professor Esmarch in Kiel, by Professor Bardeleben in Berlin, by Professor Nussbaum in Munich, by Professors Wagner and Schmidt in Leipzig, and equally eminent authorities in several other continental towns. I therefore thought it my duty to call the attention of the medical profession in this country to the fact that the hitherto intractable forms of neurotic disturbances, which we, for brevity's sake, may call "writer's cramp," can no longer be said to defy therapeutic measures. I have never practised myself the manipulations required to bring about the desired result, but have witnessed Mr. Wolff—who makes no secret of them—at work on some of the patients entrusted to him. These manipulations, besides being fatiguing to the operator, require a considerable amount of "tactus cruditus," or, more plainly, of "knack."

The massage consists of rubbing, kneading, stretching, and beating of the fingers, and the several muscles of the hand and arm, with or without the simultaneous assistance of elastic bands worked over thumb and fingers.

The gymnastic exercises are active and

passive. The latter consist of flexions and extensions of all the joints of the fingers, hand, and arm. Active exercises include systematic voluntary movements of the parts affected; and if the general condition of the patient requires it, of all the limbs and trunk. As a rule, at least two sittings daily are required, extending from twenty to forty minutes each on an average; and, in addition to this, the patient may be required to practise the gymnastic exercises at home. Later on, graduated exercises in writing are prescribed. It is impossible to enter into minute details concerning these operations, which must vary with the idiosyncrasies and peculiarities in the case of individual patients.

The extremely rapid results obtained by this method of purely peripheral treatment in some authentic and inveterate cases of writer's cramp appear to me to speak against the central origin of the disturbance.—*British Med. Jour.*, Feb. 14th.

Hyoscyamine in Delirium Tremens.—Mr. Hyde Hills, of the Cambridge Medical Society, read the notes of a case in which he had used this drug. He was called upon one morning to see a fine healthy looking man, 34 years old, who had been drinking a bottle of brandy a day for ten days, but had taken none for the last twenty-four hours. He had not slept for three nights, and was now delirious, with the usual symptoms. He administered one fourth of a grain of hyoscyamine in a little brandy and water at 4.30 A.M.; and 7.30, as he was still restless and noisy, with dilated pupils, a second dose of one sixth of a grain was given. At 1.30, as he did not sleep, one third of a grain was repeated; after which he remained quiet for about two hours. At 9.35 P.M., though still showing the effects of the drug in dilated pupils and dry tongue, he was given five twelfths of a grain. He had a restless, noisy night, and was worse than ever. His pulse was 120, he complained of thirst, and had taken no nourishment for thirty-six hours. At 5.45 A.M., or twenty-five hours after the first dose, he was given seven twelfths of a grain; he was soon quieter, and in two hours was asleep. In the morning he was quite right, and soon recovered. The same drug was used in five other cases of delirium tremens. In three cases a quarter of a grain given at bedtime produced sleep, and was not again required. In two a quarter of a grain was given ineffectually, but one third of a grain in the morning had the desired effect; and all recovered. In a case of mania, a third of a grain produced rather alarming symptoms. Mr. Hills had not seen any report of cases of delirium tremens treated with this drug, although the suggestion had been made. His practice would be to give a fourth of a grain first, and, if necessary, give increasingly larger doses every six hours. He was in the habit of giving it in some alcoholic beverage. Merck's solution of the amorphous hyoscyamine was the preparation used. Mr. Carver had used the drug on two occasions. In one case of delirium tremens, after bromide of potassium and chloral had failed, small repeated doses of hyoscyamine quieted the patient within twelve hours. In a bad case of acute mania in a young lady, doses of half and three eighths of a grain produced sleep and recovery in a very satisfactory manner. The late Dr. Bacon had advocated its use in mania, and employed it with great success in Fulbourn Asylum.—*Brit. Med. Jour.*, Feb 7th.

Coca in the Treatment of Inebriety.—After the removal of alcohol in the treatment of the inebriety, a stage of profound exhaustion and neurasthenia comes on. An unmasking, as it were, of a nameless variety of neuralgias, and states of irritation, both physical and psychical, which tax therapeutic resources to the utmost to meet. Functional changes and perversions that are intense, complex and very changeable, associated with organic lesions, both obscure and well-defined, not only difficult to diagnosis, but more difficult to treat. These are termed, in general, states of brain and nerve exhaustion, and the usual remedies are quinine, strychnine, electricity, baths, nutrients, and other general remedies. The materia medica is constantly searched for tonics that will lessen this neurasthenic stage, and enable the patient to regain in some measure his lost control of mind and body, and rise above the mental depression so common and agonizing. Our experience with coca in many cases seems to indicate that it meets these wants more positively than any other drug now used.—*Medical Age*, Feb. 10th.

Asthma—Iodine over Pneumagastrics.—Dr. Faulkner (Pittsburgh) treats the paroxysms of asthma successfully by

the application of tincture of iodine along the course of each pneumagastric nerve in the neck.—*Med. World*, Feb.

Meningitis — Gelsemium.—In cerebro-spinal meningitis, in which there is a marked febrile tendency, Prof. Bartholow says that gelsemium, in small doses of the fluid extract, is extremely useful. "A uniform physiological effect should be maintained."—*Col. and Clin. Rec.*, Feb.

Lead Palsy.—Dr. Philip Zenner reports a case of lead palsy in which he says that the treatment will consist of the internal administration of iodide of potash, and the application of electricity to the muscles. The object of the iodide of potash is the elimination of lead which is still in the system. We will apply the galvanic current to the paralyzed muscles. The electrodes will be applied directly over the affected muscles, and the current continuously made and broken—for it is only when the current is made and broken that muscular contractions are produced. The faradic current would, at the present time be worthless, because it can cause no muscular contractions; but after there has been some improvement, the faradic contractility will again return, and the faradic current may then be applied, with benefit.—*Med. and Surg. Rep.*, Feb. 14th.

Acute Melancholia.—A case of acute melancholia associated with deficient secretion of the liver and intestinal glands, appeared before the Jefferson Hospital clinic recently. Professor Bartholow, in reviewing the history and present condition of the case, pointed out the probability of the morbid mental state being due to the intestinal torpor which was plainly manifest. He accordingly directed the patient to take eunonynim, gr. iij., ext. colcynth comp., gr. ig. hydrarg. chlor. mite, gr. j., at bedtime, for three nights, and in addition to take a pill composed of one quarter of a grain each of the extracts of physostigma, nux vomica, and belladonna, three times daily. —*Med. Bulletin*, Feb.

Neuralgic Affections — Nitrite of Sodium.—Nitrite of sodium, which in general action is allied to nitro-glycerine, is a valuable remedy for epilepsy, neuralgia, angina pectoris, and other allied conditions. As several accidents have resulted from the use of impure specimens of the drug, great care should be taken to ascertain that it is what it professes to be. The dose should not at first exceed two grains, and it may be administered in water flavored with syrup of Virginian prune, or with aromatics. It is to Professor Matthew Hay, of Aberdeen, that we are chiefly indebted for the introduction of this valuable remedy.—*Med. Bulletin*, Feb.

Epilepsy—Bromide of Nickel.—In cases of epilepsy of long standing, Prof. DaCosta advises the use of the effervescing form of the bromide of nickel in doses of gr. v–x *ter die*.—*New Orleans M. and S. Jour.*, Feb.

Treatment for Overdoses of Electricity.—P. D. Shemp, M.D., Philadelphia, writes: "I see an article in your valuable journal written by John Specht, M.D., questioning the efficacy of moist earth in cases of lightning stroke. Having made a specialty of electricity for years, I am fully convinced that, in all cases of overdoses of the element in question, the reactionary effects are the vital ones; and in no known way can they be so easily and surely controlled as by the application of either a *hot bath* or *moist earth*. In treating for the cure of diseases with electricity, I always look for an attempt to bring about a certain reaction; *i. e.*, I treat with a view to produce certain secondary symptoms, as it is by these that I know and can see the effect I have produced. Some react with a vital force *entirely out of ratio* with what seems to be their normal or healthy condition. In such cases I have found nothing equal an immersion in hot water."

I think the doctor was right in applying the moist earth. The effect or reaction following static electricity is most easily controlled by moist earth; galvanism, by hot water; faradism, by hot vapor or air. —*Med. World*, Feb.

Rheumatic Pains.—Constantin Paul recommends in the *Union Méd.* in cases of rheumatic pains, as in lumbago, torticollis, pleurodynia, intercostal neuralgia, sciatica, etc., the covering of the painful parts with a compress saturated with oil of turpentine, but considers it important to place some impermeable substance, as gum cloth, oil silk or wax paper, over the compress, for in cases where such a protective had been omitted, the effect was not so favorable. It is probable that there is some vir-

tue in these remedies, for crude kerosene oil, so nearly related to turpentine, has frequently been employed in this country for the same purpose, and not seldom stopped the pain. If no impermeable substance be laid over the compress, the rapid evaporation of the turpentine probably diminishes the effect of the drug, which can act only as a counter-irritant, and its irritating action must, therefore, be the greater, the more concentrated the remedy.—*Med. and Surg. Rep.*, Feb. 28th.

Nervous Headache.—Dr. Hodgdon states that he has had almost unvarying success in the treatment of nervous headaches by the following:

℞	Alcohol, dilute	oz.	4
	Oil of cinnamon	minims	4
	Bromide of potash . . .	dr.	5
	Fluid extract of hyoscyamus	dr.	1½

M.—Dose, one to two teaspoonfuls, as required.

It is said to be not disagreeable to take, and to leave no bad effects.—*Md. Med. Jour.*, Feb.

Salicylate of Sodium for Neuralgia and Headache. — J. L. Quessenberry, M.D., Worthington, Ky., writes :—

For the past year I have used salicylate of sodium in a great number of cases of neuralgia and headache. I find it by far the best drug that I have ever tried. I prescribe it in ten- or fifteen-grain doses every hour until the patient is relieved. I seldom give more than two or three doses in severe cases, and one dose is generally sufficient in mild cases. I have used quinine, morphine, bromide of potassium, etc., but I object to them on account of the dulness and nausea which they are apt to occasion. I consider salicylate of sodium far superior to any of them.—*Louv. Med. News*, Feb. 7th.

Sick-Headache.—Dr. W. Gill Wylie, of New York, has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache, as such, is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*New York Med. Jour.*

Sciatica—Osmic Acid.—Osmic Acid is recommended by James Merces, M.R. C.S., for sciatica. From three to five minims of a one-per-cent solution is injected by the hypodermic syringe deeply into the parts over the course of the nerve, midway between the tuber ischii and the trochanter major. There may be slight numbness following. In some the effect was marvellous. Out of eighteen cases twelve were given relief for several weeks, when they passed from under observation. —*Louv. Med. News*, Feb. 14th.

Sciatica — Extr. Gelseminum.—De Lavra (*El Siglo Medico*) gave extract of gelseminum in a case of refractory sciatica in a woman eight months pregnant. He gave three doses of one grain each. The cure was rapid and permanent.—*Med. and Surg. Rep.*, Feb. 28th.

Sciatica — Salicylate of Soda. — Labbe states that he has had favorable results with salicylate of soda in cases of sciatic and supra-orbital neuralgia, where quinine had failed. L. prescribes 3 ij of salicylate of soda in the first two days ; 3 j on the third day, before eating, with a little Vichy.—*Med. and Surg. Rep.*, Feb. 28th.

Neuralgia and Gout—Local Medication.—An excellent local application for the temporary relief of neuralgia and gout is prepared by rubbing up together equal parts of thymol, menthol, camphor, and chloral.—*Med. World*, Feb.

RESPIRATORY.

Inflammation, Abscess, and New Growths of the Ethmoid Cells.—Dr. Thudichum (West London Medico-Chirurgical Society) read a paper on this subject. Inflammation he described as acute and chronic, as simple or dyscratic. The specific diseases lead to the chronic form with acute outbursts. In the latter the symptoms become very precise, and yield the data by which to diagnose the milder cases. Pain between the eyes, loss of smell, excess of nasal secretion, swelling of glabella, swelling and discoloration of eyelids, can mostly be distinguished on one or both sides. Hypertrophy of the ethmoid cells leads to obstruction of the upper nasal meatus. In such cases the author had removed the hypertrophied parts on both sides successfully with the electro-cautery. In other cases he had removed the middle concha on one side, and thereby cured

ozæna. The author next described some severe cases of abscess of the ethmoid cavities; these opened either into the nose, or on the upper eyelid, or below the inner angle of the eye without involving the lachrymal apparatus. He further described new growths, mycomatous as well as cancerous, proceeding from the ethmoid cells, and the manner in which they had in several cases produced blindness of one or both eyes. He described a new apparatus for flushing the nose in cases where the septum was perforated or destroyed, and in which, therefore, the one-current douche originally described by him was not applicable.

Mr. Spencer Watson thought loss of smell a very valuable diagnostic sign. Sulpho-carbolate of soda was a useful drug for lotions and sprays in these cases.—*London. Med. Times*, Jan. 17th.

Croup — Compressed Air. — Masini (*Italia Medica*) propounds to substitute the inhalation of compressed oxygenized air for the simple inhalations of oxygen in croup, trusting to the mechanical action exercised by the compressed air on the narrow walls of the larynx, and on the chemical action of the blood due to an increase of the inspired oxygen. He uses the Waldenburg apparatus, adding the sufficient quantity of oxygen. The applications must be of long duration and repeated four to five times a day. This treatment does not exclude other remedies, and by prolonging the course of the disease, gains time for the surgeon to perform tracheotomy under favorable conditions.—*Chicago M. J. and Exam.*, Feb.

Ozæna from Enlargement of Nares.—Any simple treatment which is efficacious in so troublesome a complaint as ozæna is a desideratum. Dr. Gottstein (*Berlin. Klin.*) believes that ozæna is due not to a congenital narrowing of the nasal fossæ, but to their being too wide. The current of expired air loses its force and becomes powerless to remove the products of secretion, which, being retained, become fetid. The author has always found a condition of atrophy and anæmia of the mucous membrane of the turbinated bones in ozæna. He has always found advantage in plugging the nostrils with cotton-wool so as to slow the passage of air. Under the influence of this plugging the mucous membrane resumes its vitality, and the secretions become normal again, and the ozæna is cured. —*Cin. Lancet and Clin.*

Ether as an Expectorant.—Wm. S. Kemper, M. D., Kewaunee, Wis., writes: No remedy I have ever used is equal to ether, as an expectorant.

I would not advise it in an acute bronchitis, but in the subacute or chronic form I know of no better remedy. I have prescribed it in five- and ten-minim doses, on a little sugar, every three or four hours, or it can be taken by inhalation as follows: The cork of a bottle, half filled with ether, is perforated by two glass tubes, neither being immersed in the ether. A few inspirations through the tubes every hour or two are sufficient. As the remedy is also a diuretie and diaphoretic, its utility is thereby increased.

I have frequently used ether for this disease, and always with benefit to the patient. —*Therap. Gaz.*, Feb.

Goitre—Mackenzie on the Treatment of.—Dr. Morrell Mackenzie presents the conclusions of his study of this subject thus:

After pointing out the great importance of distinguishing the various kinds of goitre, and excluding exophthalmic goitre, he makes the following propositions:

1. Simple goitre of recent origin, and occurring in young persons, can, in the absence of endemic influences, generally be cured by the administration of iodide of potassium, and, in many cases, by counter-irritation.

2. Fibrous goitre is best treated by parenchymatous injections of iodine.

3. Cystic goitre can be most readily cured by conversion of the cyst into a chronic abscess, which is effected by emptying the cyst, injecting a small quantity of a solution of chloride of iron, and allowing it to remain within the sac for three or four days.

4. When the cyst is of considerable size, it should not be emptied at once, but should be tapped two or three times before the injection is used.

5. Removal of the thyroid body is a dangerous operation, which should never be performed for mere cosmetic purposes, nor even for the relief of urgent dyspnœa, except when less radical measures have failed. —*Detroit Lancet.*

"Cold"—Cocaine.—The muriate of erythroxylon (cocaine) relieves the turgescence of the venous sinuses incident to an

ordinary cold. The relief lasts for from twelve to twenty-four hours. The remedy is used in the form of a spray. Bosworth calls attention to its value in this regard, and a considerable observation enables us to confirm his statements.—*Detroit Lancet.*

Bronchitis—Alkaline Treatment.—It is not generally known that alkalies in large doses are amongst the most efficient of sedative expectorants. The citrate of potassium is much the most eligible for administering alkaline expectorants; of it half to one ounce should be given in twenty-four hours. The following prescription has been tested during four to five years, and found to be much the most reliable and efficient sedative cough mixture that I have ever used: ℞. Citrate of potash, one ounce; lemon-juice, two ounces; syrup of ipecac., half ounce; syrup enough for six ounces. Dose—Tablespoonful four to six times a day. When there is a good deal of cough or any excessive susceptibility of the bowels to loosening medicine, paregoric should be added in small quantity. The ipecac. should be varied according to the susceptibility of the patient's stomach. Sometimes it can be advantageously substituted by tartar emetic. Usually two or three drops of such medication will establish free expectoration. Then the stimulant expectorants are required, or squills and seneca, the former being the more valuable, though I cannot affirm that I have often obtained positive results from their use, and think much of their reputation is based upon tradition and natural tendency of the disease to subside. Even squills is inferior to the mur. of ammonia. Like all ammoniacal preparations, this must be given at short intervals to maintain constancy of effect. The action of the single dose can scarcely last over two hours. Its acidity and disagreeableness may be somewhat covered by glycerine. In very large amounts all ammonia salts are capable of acting on the crasis of the blood as alkalies and causing great vital depression. The value of copaiba in chronic bronchitis has long been recognized, and it may sometimes be used with advantage in obstinate subacute bronchitis.—(Dr. H. C. Wood.)—*Therap. Gaz.*, Feb.

Catarrh and Hay-Fever—Triturate of Cocaine.—In the *Albany Medical Annals* for January, Dr. T. F. C. Van Allen recommends a triturate of cocaine muriate. He says that a four-per-cent. triturate with pulverized gum acacia will adhere to the surface of the conjunctiva, and not be squeezed out nor as readily washed away as an aqueous solution; also, that its action will be more permanent, although it takes longer time for absorption.

We suggest that this would be an elegant form for exhibition of the drug in the larynx or the nose. Especially does it seem to be the preparation indicated in the nose during an acute catarrh or in hay fever.—*Louv. Med. News*, Feb. 7th.

Extirpation of a Laryngeal Polypus after Local Anæsthesia by Cocaine.—Dr. S. Meyerson, of Warsaw, publishes in the *Wiener med. Presse*, Dec. 28, 1884, an interesting case of the removal of a laryngeal polypus after the local application of cocaine, which still further confirms the value of this drug in all operations connected with mucous membranes.

The patient, a man forty years of age, had suffered for five years from hoarseness. For a short time previous the hoarseness had increased, and when he was first seen by Dr. Meyerson he was entirely voiceless. Examination revealed the presence of a granular pharyngitis. The uvula was much thickened and lengthened. The laryngoscopic examination was very painful. In the larynx under the edge of the right vocal cord, about one twelfth of an inch from its anterior extremity, was present a pear-shaped polypus about two-fifths of an inch long, attached by a slender pedicle. It changed its position, both in inspiration and expiration. During inspiration the polypus was drawn beneath the vocal cords into the larynx; and in expiration, it was drawn outside the larynx, and, resting upon the vocal cords, covered them to an extent of two thirds their length. During phonation, the polypus was held between the vocal bands and was pressed upon by them, their edges being separated about one twelfth of an inch. The introduction of the instruments into the larynx excited considerable reflex spasm, and a sixteen-per-cent. solution of cocaine was applied to the uvula, soft palate, pharynx, base of the tongue, and larynx. Within two minutes the polypus was extracted without reflex spasm, and the patient's voice was restored; he was, however, somewhat hoarse, owing to the thickening of the right vocal cord.—*Phila. Med. News*, Feb. 7th.

Diphtheritic Croup—Tracheotomy.—Dr. Winters, in an article on tracheotomy in diphtheritic croup, read before the New York Academy of Medicine, concludes as follows: "Performed early, it snatches from certain death fully two fifths of all cases. No patient that dies after the operation would have lived if it had not been performed. When it fails to save life, the relief afforded and the substitution for the most agonizing mode of death—strangulation—of one of the least, by asthenia, are sufficient reasons to justify its performance. The dictates of science, facts, and common humanity unite in demanding it. Severino, in the seventeenth century, said of it: 'It is a divine invention.' Prof. Letamendi says: 'In the days of more knowledge and less nonsense tracheotomy will be ranked among the minor surgical operations.'"—*Louv. Med. News*, Feb. 28th.

Acute Lobar Pneumonia.—Dr. H. B. Robinson, of Blount Springs, Ala., states that in the past thirty years he has treated pneumonia with mercury, opium, ipecac., quinine, blistering, and occasionally bleeding. He has lost but four cases during his practice. A strong young negro, suffering from the disease, grew progressively worse, and Dr. R. had about given him up when he concluded to dress a blister which he had drawn on his back with mercurial ointment. He did so, and next morning, to his surprise, the patient was much better, and finally recovered. A child, five years of age, nearly moribund with pneumonia (lobular?), had a blister drawn on the back. This was dressed with bismuth subnitrate, and next day the child began to recover. These cases simply show that even bad cases of pneumonia may suddenly take a favorable turn.—*N. Y. Med. Record*, Feb. 21st.

Laryngeal Affections — Dobell's Solution.—

Acidum carbolicum pura	. .	♏ xxx.
Sodii bicarbonas		
Sodii boras pulv.	āā	ʒ j.
Glycerinum		℥ j.
Aqua	q. s. ad	Oj.

Dr. Thomas D. Hughes, of the King's County Hospital, states the above formula is as originated by Horace Dobell, of London, England.

Dr. Hughes, speaking from experience, says: It is a very pleasant, soothing disinfectant and cleansing wash for the nose and throat, used by catarrh and laryngitis patients.—*Phila. Drug News*, Feb.

Acute Coryza.—Dr. Sajous recommends prompt derivative action by free purgation or diaphoresis. A common prescription is pulv. Doverii, gr. x., but an active purge with Epsom or Rochelle salts will give better results.

Locally he directs the inhalation of the following powder:—

℞ Bismuthi subcarbonatis	. .	ʒ ss.
Pulv. acaciæ	. . . . .	ʒ ss.
Zinci sulphatis	. . . . .	gr. x.
Morphiæ sulphatis	. . . .	gr. ij.

M. Ft. charta. Sig.—To snuff up the nostrils occasionally.

—*Med. Bulletin*, Feb.

Stethoscope.—It would appear that a solid stethoscope is preferable to a hollow one for all practical purposes; for the resonance of the latter tube is lost when both ends are blocked, and the vibrations of the ear-plate are checked by applying the ear thereto; consequently the bore is quite superfluous.

In the absence of the conventional stethoscope, a very good substitute is found in an ordinary champagne glass, inverted. —*Med. World*, Feb.

Whooping-Cough — DaCosta's Treatment.—To cut short the paroxysm in whooping-cough, Prof. DaCosta recommends the inhalation of:

℞ Sodii bromid.	. . . . .	gr. xx.
Ext. belladonnæ fluidi	. .	gtt. ij.

M. Sig.—The spray to be inhaled just prior to occurrence of the paroxysm.

In the interval quinine should be pushed, up to the point of tolerance.—*Col. and Clin. Record*, Feb.

Apomorphine in Asthma. — Dr. Weber, of Darmstadt, has used apomorphine, in doses of one twelfth of a grain three times a day, in chronic asthma, with success. One patient was entirely relieved who had been a sufferer for thirty years.—*Chicago Med. Jour.*

Membranous Croup. — In membranous croup Prof. DaCosta uses sulphurated antimony in combination with Dover's powder—of the former, gr. $\frac{1}{8}$–$\frac{1}{4}$, and of the latter, gr. ss–j, every two hours.—*Col. and Clin. Record*, Feb.

CIRCULATORY.

Splenic Anæmia Treated by Phosphorus.—In the *Brit. Med. Jour.*, Jan. 3, 1885, Mr. T. Jenner Verrall reports this case:

The patient, a rickety child, aged fourteen months, was first seen in the middle of October, 1883. The spleen occupied the whole of the left side of the abdomen, extending forward nearly to the umbilicus and backward to the spine. The blood examined was very pale; about thirty white corpuscles could be counted in the microscopic field. Under Parrish's food and cod-liver oil, the child grew worse, loosing flesh rapidly. At the end of a month Parrish's food was discontinued, and to the teaspoonful of oil was added a minim of the oleum phosphoratum of the *British Pharmacopœia*, twice a day. From this time the child improved. The diet ordinarily given to children of this age was not allowed, except that the juice of an ounce of raw beef was given daily for about five weeks; but even this small change was not made until the phosphorus had been taken for a fortnight, and had already produced an effect. The spleen diminished in size and hardness, till, on March 12, 1884, when the phosphorus was given up, it measured about four inches in length and depth, and was soft and movable. Very few white cells could be seen, and the blood was much darker. The improvement was permanent, the child being under observation for six months longer, growing and gaining flesh. Mr. Verrall pointed out that this case was an exception to the rule laid down by Sir W. Jenner, that enlargement of the spleen in rickets was always due to albuminoid infiltration, and was unaccompanied by any increased number of white cells. He believed that the evil lay in deficiency of nerve-power, for which the phosphorus would be an appropriate remedy. He attached great importance to the smallness of the dose, and to the length of time over which the treatment extended.—*Med. and Surg. Rep.*, Feb. 21st.

Iron Albuminate in Anæmia.—Dr. McLane Hamilton writes: I have been in the habit of giving for several years past iron in combination with albumen to nervous patients whose powers of assimilation were so enfeebled that they were unable to take any of the preparations in ordinary use, even the most bland and unirritating. Anæmic and hysterical women, and those with idiosyncrasies, often declare their unwillingness or inability to continue iron, even in minute doses. Dieh, in 1871, announced the discovery of the albuminate of iron, but so far as I can discover, no one has yet employed the combination. Mialhe held that "the albuminate of the peroxide of iron is formed in the blood, and that this is the basis of the red globules," and it has been shown that the presence of an alkali favors the catalyctic change. Some iron salts are absolutely inert as remedies, and pass unaltered from the body. Among these are the ferro- and ferro-cyanides of potassium, and other double salts which are not precipitated by the alkalies (Headland). The combination of iron and albumen with an alkali seemed to me at once a measure likely to be of value from a therapeutic point of view, and so I have found it. Mr. Angelo, of New York, has made for me a dried preparation of the iron albuminate, and has combined with it chocolate, and moulded this into small lozenges, each of which contains ten grains of the salt. I have given the iron albuminate a thorough trial in a large number of cases of all kinds where a hæmatic was needed, and am convinced that there is no form of iron now in use that acts as rapidly, or is so well borne by the stomach, as that of which I write.—*New York Med. Record.*

Electricity as a Stimulant in Cardiac and Respiratory Failure.—Dr. Gaspar Griswold read a paper on the above subject, at the New York Academy of Medicine, February 19th, beginning with the statement that electricity had been conspicuous in the treatment of sudden prostration attended with respiratory and cardiac failure, especially in chloroform inhalation and opiumpoisoning. The object of the paper was to discuss how far the usual methods of applying electricity in such cases of collapse were in accord with what was known concerning the physiology of the heart. The term electricity was used in a general sense, including galvanism and faradism.

Can electricity be so applied as to stimulate the heart? Prefatory to the answer to this question the author of the paper gave a brief synopsis of the cardiac mechanism, directing special attention to the effect produced by stimulating the pneumogas-

trics. From the study of this mechanism the conclusion was reached that, to stimulate the heart, the electrical current must be applied directly to the heart itself, and that the application of the poles to the neck over the pneumogastrics must be to produce an effect the reverse of stimulation. The question must, therefore, be answered in the negative.

Dr. Griswold then entered into the study of the effect produced when electricity was applied to the phrenic nerve, and reached the conclusion that electricity applied to the phrenic nerve stimulates respiratory movements.

On physiological and clinical grounds, therefore, stimulation of the phrenic nerve by itself was a proper and logical treatment in respiratory failure, but stimulation of the phrenic nerve could be scarcely considered separately from stimulation of the pneumogastrics, because these nerves were situated so closely to each other in the neck. In other words, electricity could not be applied to the phrenic nerve to stimulate contractions of the diaphragm without great danger of retarding or cutting off the function of the pneumogastric.

The conclusions, therefore, of the author of the paper were as follows : 1—Electrical stimulation of the phrenic nerve should not be undertaken without the reflection that the current will at the same time reach the pneumogastric. 2—Only mild currents should be applied, and their effects carefully watched, but especially with reference to the heart. 3—The sudden and careless application to the neck of a current sufficiently strong to produce pain or muscular contractions in other parts of the body, should be especially avoided.—*N. Y. Med. Rec.*, Feb. 28th.

Thoracic Aneurism — Diagnostic Sign.—At the Northumberland and Durham Medical Society Dr. Drummond, of Newcastle, demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath (inspire deeply), and then close the mouth and expire slowly through the nose, short puffing expiratory sounds are heard—synchronous with the systole of the heart—on auscultation of the trachea. Dr. Drummond believes this phenomenon to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism.—*London Med. Press.*

Analeptic Action of Subcutaneous and Intravenous Injections of Liquor Ammoniæ.—In the *Meditz. Obozr.*, No. 21, 1874, p. 837, Dr. J. J. Trusewicz, of Cronstadt, draws attention to the well-known powerful stimulant action of hypodermic and intravenous injection of liquor ammoniæ. He details the case of a gentleman, aged 21, who had attempted suicide by swallowing about three quarters of a glass of crude hydrochloric acid, and about an hour and a half later was brought into the hospital in a state of extreme prostration. In spite of the use of various analeptic means (such as the internal administration of liquor ammoniæ and wine, inhalation of ammonia, subcutaneous injections of ether and camphor, enemata of champagne with mustard spirit, etc.) collapse progressed, and death was seemingly imminent. At the end of four hours the author tried, as a last resort, a hypodermic injection of about 10 or 12 drops of liquor ammoniæ into the right forearm of the pulseless and senseless patient. Almost instantly the patient opened his eyes, asked for water, and complained of pain about his throat ; the pulse became perceptible. From this moment a gradual improvement followed, and the patient ultimately recovered. At the spot of the injection of ammonia a slough formed, which subsequently fell off, leaving an ulcer about one centimetre in diameter and two millimetres in depth. Dr. Trusewicz mentions also two other cases of seemingly hopeless prostration in which he saved his patients by subcutaneous injection of a syringeful of liquor ammoniæ.—*London Med. Record*, Feb.

Dr. Casse's Apparatus for Transfusion.—This apparatus is composed of a graduated glass cylinder, containing about five ounces of fluid, and connected at its lower end with an india-rubber tube, which can be put in communication with a cannula. The operation is performed in the following way. The donor's blood is whipped during a quarter of an hour, and the clots of fibrin are removed. While this is being done, the cannula is introduced into the recipient's vein. A funnel covered with flannel, and placed on the glass cylinder, is then filled with defibrinated blood, which filters into the cylinder, passes down

the india-rubber tube, and soon appears at the end. The tube is put in communication with the cannula, and the blood flows slowly, by its own weight, into the vein, as long as the glass cylinder is held at a higher level than the recipient's arm. This method appears to be devoid of danger, as neither clot nor air can enter the vein. The red corpuscles preserve their vitality, and the operation seems to give very satisfactory results.—*British Med. Jour.*, Feb. 21st.

Danger of Ether in Obstructive Mitral Disease.—Mr. Arthur Jefferson, in the *Lancet*, records a case showing that the administration of ether is a very questionable practice in cases where there is obstructive valvular disease of the left side. A man, aged 52, was placed under ether, but took it badly; and just before the conjunctivæ became insensible the breathing was hurried and very shallow, but the pulse remained strong and regular. In a few moments the respirations almost ceased, and artificial respiration was resorted to with success. As the operation was urgent, the patient was allowed to partially recover, and then chloroform was administered. After a couple of minutes the pulse became very feeble, and the administration was stopped, the patient being brought round with difficulty by means of stimulants and cold water. In the evening the heart was carefully examined, and a slight thrill was detected at the apex, with a præsystolic murmur heard only at one spot. Mitral stenosis was then diagnosed. A week afterwards unmixed chloroform was inhaled for about forty minutes, without any bad symptom. The author explains the occurrence by supposing the ether to have caused an increase of blood-supply to the lungs, this surplus being prevented from escaping thence, owing to the contracted mitral orifice, thus causing congestion of the lungs, while chloroform alone produced no serious symptom.—*London Med. Record*, Feb.

Progressive Anæmia—Ferri Sulph.—At the London Medical Society Dr. Finlay read notes of a case of progressive anæmia cured by iron after arsenic had failed to give relief. The patient had, for six or seven months, presented increasing pallor and shortness of breath, and when first seen presented all the appearances of advanced anæmia. His heart was dilated, and a well-marked systolic murmur was audible at the apex. The blood showed a corpuscular richness of twenty-three per cent. only, and there was no excess of white corpuscles, and no splenic enlargement or retinal hemorrhages. Three weeks' treatment with arsenic being followed by no beneficial results, dried sulphate of iron in pill, three grains thrice daily, was given, after which he immediately began to improve. In ten days the blood showed a richness of 47.8 per cent., and in three weeks more of 72.8 per cent., a little arsenic having been added to his medicine for the last week. The heart's apex was now within the nipple line, the murmur inaudible, the muscles much firmer, no œdema of the ankles present, the pulse regular and of good strength, and the man altogether better-looking and stronger. He was sent to the seaside, and returned practically well, and able to go back to his work. Attention was directed to the failure of arsenic to do good, and to the efficacy of iron. As to nomenclature, it was suggested whether all distinctive names were not out of place—whether, in fact, anæmia apart from hemorrhage or organic disease was not a unity, comprising, like other diseases, cases which recover under appropriate treatment, and cases which, in spite of treatment, run on to a fatal result. Arguments were drawn from the writings of various authors in support of this position. In the discussion which followed, Dr. Coupland remarked that much of the good attributed to particular kinds of treatment was delusive, the improvement often not being permanent He agreed as to the impossibility of drawing a sharp line of distinction between such cases as recover and such as terminate fatally except in regard to their results. Dr. Fowler spoke in praise of the form of treatment recommended by Niemeyer in cases of anæmia. Dr. White referred to a case in which both iron and arsenic had failed. Dr. Sansom asked whether any difference had been noticed in the size of the red corpuscles, remarking that this was often present in a certain class of cases, and might form a means of differentiating varieties of the disease. Dr. Ord thought anæmia was a disease singularly wanting in unity. He looked on the progressive pernicious form as one of very varied causation, although change of form in the blood corpuscles was, according to his experience, constant. Dr. Finlay, in reply, stated that he had no note as to the shape or size of the individual corpuscles, but that they

grouped themselves in masses rather than in rouleaux.—*London Med. Times*, Feb. 21st.

Weak Heart—Danger of Large Doses of Quinine.—At a late meeting of the New York Clinical Society, Dr. A. A. Smith read a paper on this subject, and also one written by J. W. Wright, in which it was shown that large doses of quinine have a deleterious effect on the heart, through the nervous system. This is especially the case in typhoid fever, where, through long-continued pyrexia, the heart became weak or degenerated.—*N. Y. Med. Jour.*

Bleeding in Drunkenness.—T. T., a middle-aged man, who had been employed in a spirit-cellar, where he obtained and drank a large quantity of whiskey, was brought to the Jervis St. Hospital, Dublin, in a dying state from the effects. The breathing was stertorous and labored, the face swollen and livid, and the pulse intermittent (with each gasp would give a couple of beats and then a long intermission), and pupils insensible to light. With the stomach-pump a large quantity of spirits was removed, sinapisms put on his legs and neck, and strong coffee injected into the stomach, but as he gradually became worse, and finding that life was ebbing away, Dr. Cranny opened the median cephalic vein. Immediately after the blood commenced to flow the respirations became easier and the heart's action steadier, and as soon as about ten ounces had been taken consciousness returned. He left the hospital perfectly well.—*London Med. Press*, Feb. 28th.

Hæmostatic Pills. — M. Huchard (*Lyon Méd.*) uses pills prepared according to the following formula for hemorrhages from whatever cause :

Ergotin	each, 30 grains.
Sulphate of quinine . . .	
Powdered digitalis . . .	each, 3 grains.
Extract of hyoscyamus . .	

Divide into twenty pills, of which from five to ten are to be taken daily. The ergotin and quinine are introduced because of their vaso-constrictor action; the digitalis and hyoscyamus with the double view of regulating the heart and diminishing the nervous irritation.—*N. Y. Med. Jour.*

Blood—Condition of, in Hydrophobia and Snake-Bites.—In an examination of the blood drawn rapidly from the vessels, especially from the sinuses of the dura mater, Dr. Romiti (*Rivista Clinica*) found it to be of a dark-red color and not coagulable spontaneously. The red globules were rather pale, and when the preparation was stained by Bizzozero's method, and placed under an immersion lens, there appeared a mass of granular matter in which the white globules seemed to be embedded. These appearances were similar to those presented by the blood of persons killed by snake-bites.—*Midland Med. Misc.*

ALIMENTARY.

Primary Tumors of the Soft Palate.—At a recent meeting of the Pathological Society of London, Mr. Treves exhibited two cases of primary tumor of the soft palate. The first patient was a man sixty-eight years of age. The tumor occupied the whole of the left side of the soft palate. It was first noticed eight months before the man came under treatment. A precisely similar growth had been removed from the same part of the palate, thirty-seven years ago, by the late Mr. Luke. Mr. Treves ligatured the left common carotid, and removed the growth, together with the whole of the left half of the palate. The tumor had been examined by Mr. Eve, and proved to be an alveolar sarcoma. The mass was faintly encapsuled, and there was no glandular implication. The patient made a rapid recovery. The second patient was a man fifty-six years of age, who presented a tumor the size of a chestnut on the right side of the soft palate. It had been first noticed two months before the man's admission into the London Hospital. Mr. Treves ligatured the right common carotid and removed the tumor as in the previous case. The patient made an excellent recovery. Mr. Eve had reported that the tumor was an adenoid carcinoma. Mr. Treves alluded to the great rarity of primary tumors of this part.—*London Lancet.*

Cocaine in Angina and Neuralgia of the Trigeminus.—Professor S. A. Popoff, of St. Petersburg (*Vratch*, 1884, No. 49, p. 827), writes that in several cases of catarrhal angina he painted the fauces and pharyngeal cavity with a ten-per-cent. solution of muriate of cocaine, and saw, within fifteen minutes, complete disappearance of all discomfort and painful swallow-

ing. Cocaine acted with especial benefit when any great swelling of the mucous membrane of the fauces was absent. The author also successfully employed hypodermic injections of cocaine in a case of severe neuralgia of the trigeminus in a hystero-epileptic lady, aged 40. Paroxysms of excruciating pain returned every five or ten minutes day and night for two days (after the extraction of the root of a tooth). On the third day an injection of a half a syringeful of the ten-per-cent. solution over the painful spot was made ; it brought an instantaneous relief which lasted for six hours. Four injections in two days permanently relieved the patient.—*London Med. Record*, Feb.

Dysphagia—Cocaine.—An account is given in the *Wiener med. Wochensch.*, of a case of painful deglutition relieved by the use of cocaine. A man, aged forty-five, was suffering from tubercle with extensive swelling and brawny infiltration of the epiglottis. He was only able to swallow milk in the minutest quantities, and was extremely wasted and prostrated. Dr. Jelinsk decided to try the effect of cocaine. Before the application the man was made to drink some water ; he had hardly swallowed a drop before he started up in the greatest pain, while the fluid returned through the nose. The lingual and part of the laryngeal surface of the epiglottis and fauces were then painted with a ten-per-cent. solution of cocaine, and a minute afterwards the patient was again told to drink. He anxiously took a small mouthful, and then to the surprise of everybody he greedily swallowed the whole glassful at a single draught. One hour after the application he made a hearty meal (the first for two months); but soon afterwards the pain returned, and, three hours after the painting, was as severe as before, but was quickly relieved by the repetition of the drug.—*London Med. Times.*

Washing Out the Stomach in Ileus.—Professor Kussmaul, of Strassburg, recently advocated washing out of the stomach in cases of ileus, and reported three cases in which much benefit was obtained, not only in allaying all urgent symptoms, especially fæcal, and all other vomiting and collapse, but also in producing the natural evacuations when all other means had failed. In one case, constipation had lasted twenty-three days, and although the case ultimately proved fatal from peritonitis, a general alleviation of all the symptoms was produced. He attributed the good results to the washing away of gases and fluid fæces from the stomach and the parts of the intestinal tract above the seat of the obstruction. On the results above mentioned becoming known other leading hospital physicians in Germany soon made trial of the method. Dr. Oser, of Vienna, was one of the earliest to take up the subject. He considers that it is not possible to obtain all the good results attributed to the method unless the contents of the intestines are also pumped out along with those of the stomach, and shows that the insufficiency of the pylorus that is known to exist in certain intestinal stenoses must be credited with some part of the good attained.—*London Med. Press*, Jan. 21st.

Paralytic Obstruction of the Intestine.—Dr. G. Thibierge has described in his inaugural dissertation some cases of intestinal obstruction, caused by paralysis of the muscular coats of the gut and consecutive retention of the fæces. This paralysis may occur after the reduction of a strangulated hernia, or after an attack of peritonitis ; but it is more often due to some nervous lesion. It is generally observed in old people suffering from habitual constipation. Vomiting is frequent when the obstruction has lasted some time, and often recurs every time the patient takes nourishment. The abdomen is much distended, and there may be a good deal of pain. When death occurs at that period, it is caused either by inanition or by asphyxia. In some cases there is a temporary improvement, followed by fatal collapse. Generally, however, recovery takes place after the obstruction has been relieved. The best treatment consists in galvanization of the intestine.—*London Med. Record*, Feb.

Phosphate of Soda in Hepatic Colic.—J. B. Bristow, M.D., Farmington, Texas, writes : Apropos to the recent discussion in the New York Surgical Society, as published in your issue of January 31st, you are at liberty to publish the following notes of a case occurring in the rural districts :

Mrs. J., aged 28, was seen on the 22d of October, 1884. Found her suffering intensely, the pain being referred to the region of the gall-bladder. The patient herself

was firmly of opinion that she was suffering from gall-stone, and said her sister had suffered in the same way, discharging the stones a few days after the attack. This patient further said that she had suffered with similar attacks at intervals for ten years. On the 23d of October, having relieved the suffering of the day before by morphia hypodermically, I put her upon drachm doses of the phosphate of soda three times a day. To quote her own expression, "the region of the liver felt as if it were being ground up." On the 25th, two days after, over one hundred gall-stones, varying in size from a duckshot to a large pea, were discharged per rectum. The present health of the woman is excellent, and she has had no further trouble. The phosphate of soda was continued for several weeks, but has been dispensed with now for two months. What one of the laboratory staff of the profession will give us the *rationale* of the action of this remedy in this class of cases, and also in catarrhal jaundice, for which it sometimes seems to act as a specific?—*Phila. Med. News*, Feb. 21st.

Flatulence—Ol. Cajeput.—Professor Bartholow states that hysterical flatulence can often be promptly relieved by the administration of from five to ten minims of oleum cajeputi. In cases of ordinary flatulence, simply due to fermentative changes, smaller doses will be sufficient.—*Med. Bulletin*, Feb.

Cancer of the Peritoneum.—Dr. Samuel Fenwick has been recently delivering a course of lectures on "Cases of Difficult Diagnosis," which are being published in the *Lancet*. Speaking of *stricture of the intestines*, he says:

"Cancer of the peritoneum frequently gives rise to constriction and obstruction of the intestines. When the disease is, as is usually the case, associated with ascites and with abdominal tumors, the diagnosis is tolerably easy. But there is another and more rare case, in which the cancer is scattered over the peritoneum in a miliary form, and in which attacks of colic are for some time the only prominent symptom; and here it would be a matter of great difficulty to arrive at a correct diagnosis in an early stage of the disease. You should in such instances always examine by the rectum, for often small tumors are to be felt in Douglas' pouch, when they are nowhere else to be discovered; and if in addition to the presence of a tumor you find a gradual loss of flesh and strength, the occurrence of ascites, or an implication of some other organ, you have facts that will enable you to arrive at a correct conclusion."—*Med. and Surg. Rep.*, Feb. 21st.

Cholelithiasis—Recovery under the Use of Turpentine.—In the *Ejened. Klin. Gazeta*, No. 29, 1884, p. 449, Dr. L. J. Tumas, of Professor Bodkin's clinic, details at considerable length an interesting case of a woman, aged 40, with unusually severe symptoms of cholelithiasis, the first signs of which seemingly appeared about twelve years ago. Three weeks' treatment by alkalies (artificial Karlsbad salt) having brought no improvement, turpentine with ether was tried. Two drops of the former with four drops of the latter were given in capsules, two or three times daily. On the eighth day of the turpentine treatment, a round gall-stone, 12 millimetres in diameter, was found in the stools. From this day the paroxysms of agonizing pain ceased, and gradual recovery followed.—*London Med. Record*, Feb.

Cirrhosis of Liver—Hydrg. Chlor. Cor.—In cirrhosis of the liver, Professor DaCosta recommends the persistent use of small doses of hydrargyri chloridum corrosivum (gr. $\frac{1}{30}$ t. i. d.), with an occasional saline purgative to keep the portal circle unloaded.—*Col. and Clin. Record*, Feb.

Acid Remedies and Their Relation to Dyspepsia.—Professor Riegel, in the *Archiv für klinische Medicin*, contributes a very long article on the pathology and diagnosis of diseases of the stomach. He concludes that a small mixture of organic acid produces no injurious influence upon digestion, but that a greater quantity of this organic acid, as well as muriatic acid, will in a high degree impair digestion. On this account the disadvantageous influences of sour fermentation in many forms of dyspepsia may be attributed to the presence of too rich a mixture of acid, especially lactic and butyric acids. The favorable operation of an alkaline remedy in a case of the abnormal formation of acid can therefore be readily accounted for. On the other hand, his experiments demonstrate that the exhibition of muriatic acid, which has become so popular of late in the various forms of dyspepsia, is not justifiable or even safe. Too much acid in the treat-

ment of diseases of the stomach is as undesirable as too little. Muriatic acid can be useful only in those cases where a lack of the required quantity of acid is evident. —*Phila. Med. Times*, Feb. 7th.

Oysters for Dyspepsia.—It is not generally understood, as it should be, that oysters have medicinal qualities of a high order; they are not only nutritious, but wholesome, especially in cases of indigestion. "It is said there is no other alimentary substance, not even excepting bread, that does not produce indigestion under certain circumstances; but oysters, never." Oyster juice promotes digestion. By taking oysters daily, indigestion supposed to be almost incurable has been cured.—*Indiana Pharmacist.*

Acute Dysentery.—Regarding acute dysentery, Prof. DaCosta says, the best treatment is ipecac., not to exceed gr. xx. every two or three hours, guarded with opium, and he has very remarkable results from this plan. It is especially good in puerperal dysentery, as Professor Bartholow has pointed out. The opium plan (gr. ss. every two hours) is good. Next is Rochelle salts, one ounce in divided doses in the first twenty-four hours, and less thereafter. This does not preclude the simultaneous use of small doses of opium. Both the ipecac. and the saline purgative plans should be abandoned in two days if no change in the condition of the patient is seen; they are rapid or valueless in their action. Next comes bismuth subnitrate, gr. x.–xx. every two or three hours. The use of ice-water injections three or four times a day was originated by him some years ago; they are very valuable. Sinapisms are useless and blisters harmful.—*Col. and Clin. Record*, Feb.

Dysentery—Iodized Phenol.—In the *Vratch*, 1883, Nos. 45 and 47, Dr. L. Rosenfeld, of Yitomir, describes his experience in the treatment of epidemic dysentery by nemata made of 1 part of iodine and 2 arts of carbolic acid, dissolved in 120 arts of glycerine. For one enema one rachm of the solution, with five ounces of ater for children, and with two ounces for lults, was used; the administration being peated three or four times daily. After wo or three days' treatment by the enemata, the offensive odor and bloody character of the fæces, the tenesmus, and discharge of membranes, all disappeared, giving place to a mild mucous diarrhœa. Of 176 cases treated by iodized phenol, 136 recovered, 6 died; in 34 cases the issue remained unknown.—*London Med. Rec.*, Feb.

Lead Constipation.— E. L. Jones, M.D., Boston, Mass., writes: I have found the following most excellent in the treatment of the obstinate constipation of lead poisoning:

℞ Fluid extract of cascara sagrada . . ℥ ij.
Elixir simplex . . . . . ℥ iv.
M.

A dessertspoonful of the mixture given every four hours will, after a few doses, generally, I may say almost invariably, produce a copious evacuation. As the constipation which always accompanies lead poisoning, is one of its most distressing symptoms, and oftentimes the most obstinate to treat, I am sure that any of your readers who have to deal much with this malady will be as glad to know of its use as I was to find its value out.—*New Eng. Med. Mo.*, Feb.

Constipation of Dyspepsia. — To keep the bowels open in dyspepsia, Prof. DaCosta says the best thing is aloin gr. $\frac{1}{10}$–$\frac{1}{8}$ twice a day.—*Med. and Surg. Rep.*, Feb. 28th.

URO-GENITAL.

Vesical Disturbances in the Early Stages of Locomotor Ataxy.—In a recent contribution (*Jour. de Méd.*, No. 11, 1884, Brussels) Dr. Jacquemart, of Paris, describes certain urinary symptoms which may sometimes occur in a very early stage of locomotor ataxy. It has already been pointed out by Fournier, and also by Guyon, that locomotor ataxy may commence insidiously in certain vesical disturbances; and that the subjects of this disease are often at its commencement affected with symptoms that might impose on the medical attendant, and lead him to suspect some decided and severe lesion of the urinary passages—as, for instance, cystitis, calculus, or stricture. The symptoms of morbid condition of the urinary organs vary much in form. The most frequent symptom, according to Fournier, is sluggishness of the bladder without retention. The urine cannot be passed save with considerable effort, and the patient has often

to wait long for the appearance of the stream. This symptom is observed most frequently in the early morning. In some cases the patient complains of the micturition being prolonged and frequently excited, and sometimes of the stream being suddenly arrested. Incontinence is also a frequent symptom. This differs in character from the incontinence due to organic disease of the bladder, as it is essentially intermittent, takes place usually at night, and is always partial and incomplete. A third class of disturbances consists in frequent desire to micturate, and painful spasm of the bladder or vesical colic. Another morbid condition, though much less frequent than the others, is vesical anæsthesia. It is held by Dr. Jacquemart that, when the medical attendant observes such vesical disturbances, the etiology of which cannot be made out, he ought to suspect tabes, even in the absence of any marked symptom of this nervous affection. Again, where the vesical disturbances co-exist with any one of the ordinary symptoms of ataxy (abolition of patellar reflex, visceral crises, ocular disturbances), tabes should be diagnosed, even in the absence of any decided disorder in the co-ordination of movements. —*London Med. Record*, Feb.

Blood Cyst of Supra-Renal Capsules — Pigmentation of Skin.—Dr. Carrington showed this specimen to the Pathological Society of London, taken from a Swede, aged fifty-four. He had suffered from epigastric pain, and had become very weak. His skin was unusually colored, of a walnut brown, the nipples, penis, and scrotum were very dark, the axillæ were not darkened ; there was no pigmentation in his mouth. There was a lump in the epigastrium obviously connected with the liver, but otherwise no physical signs. Nothing definite occurred before his death worthy of note. At the autopsy, the brain, cord, heart, stomach, intestines, and kidneys were normal. The lungs were deeply black and somewhat œdematous. There were ecchymoses beneath the pericardium. The site of each supra-renal capsule was occupied by a cyst as large as an orange, full of soft brown grumous blood clot. The liver was hob-nailed and tough, of a deep black color ; thickly scattered throughout it were nodules looking like altered blood clot soft and fluctuating, some as large as an egg. The spleen was large, firm, and dark-colored. Microscopically the walls of the cysts were found to be formed of normal supra-renal substance. The secondary deposits in the liver were found to consist only of altered liver substance. The skin lesions were not identical with those of malarial melanæmia, and were therefore to be attributed to the disease of the supra-renal bodies.—*London Med. Times*, Feb. 3d.

Senile Hypertrophy of the Prostate.—Dr. Alfred C. Post, of New York, read a paper on this subject at the New York State Medical Society, Feb. 4th. He said that the most important results of hypertrophy are obstruction to the flow of urine and sometimes incontinence. In the early stages of the disease the symptoms are often absent. The first symptom is usually slowness in the passage of urine, and the patient is obliged to rise at night to void his bladder. There is often some sympathetic irritation of the rectum. The neck of the bladder occasionally becomes stretched, and real incontinence follows. This is more rare, however, than constant dribbling. Vesical calculi are frequently the result of hypertrophy, and the symptoms produced by them may be marked. In cases in which the catheter has to be introduced eight or nine inches, and the urine does not flow until the handle is much depressed, there is good reason to suspect hypertrophy. The indications for treatment are, to obviate results of obstruction, improve the constitutional condition, and diminish enlargement of the prostate, or retard its growth. The catheter should be used once or oftener during the day, and the bladder should be washed out. It is of the greatest importance to use a large catheter, even one of 30 mm. if necessary. If stenosis of the orifice or stricture exist, it should be removed. In using the flexible catheter, the distal extremity may be stiffened with advantage by painting with collodion. Complications, as they arise, are to be treated. The application of the actual cautery was recommended in vesical catarrh, and also the injection of from ℥iv. to viij. of nitric acid in four ounces of water, to prevent the formation of calculi. As regards operative interference in aggravated cases, excision of a portion of the prostate was considered justifiable. In cases in which relief cannot be afforded by the catheter, aspiration, or puncture of the

bladder by a trocar through the rectum, may be resorted.

Dr. T. H. Squire, of Elmira, suggested the use of a gum catheter of large calibre and of large curve. The soft catheter he considered of great value, and he advised that the aspirator should always be at hand.

Dr. A. Vandeveer, of Albany, thought that the catheter should be used as soon as the symptoms appeared. Rubber catheters are most comfortable for the patient, but silk-web catheters are better for wear. In washing out the bladder, he is in the habit of using the fountain syringe, and he finds the Bethesda water useful in cases of phosphatic deposit. The fluid extract of the stigmata of maize or corn silk, he has also found useful. In cases of enlargement of the middle lobe, resulting in obstruction, the operation advised by Sir Henry Thompson should be practised.

Dr. H. Knapp, of New York, stated that cocaine has been successfully employed in urethral surgery. It reduces congestion, produces anæsthesia, and relieves spasm, thus rendering catheterization easy.—*Phila. Med. News*, Feb. 7th.

Multiple Puncture in Cardiac and Renal Dropsy.—In a recent clinical lecture Professor DaCosta called the attention of the class to the value of multiple puncture in both cardiac and renal dropsy. He considered it to be a measure of great value, and attended with but little danger if properly done. On more than one occasion, when death seemed imminent from internal congestion, he had seen patients rapidly improve, and be able to get about after it had been resorted to. The case before the class was another illustration of its importance. The patient, a man æt. forty-one, was suffering from dilatation of the heart, accompanied by chronic tubal nephritis. When admitted to the hospital, his face was puffy, legs swollen, lungs congested, and urine full of albumen. In addition, an œdematous ryngitis had been developed from the in- ltration of serum in and around the vocal rds, so that he could not speak above a isper. He was put upon a diuretic plan treatment, but without much benefit. ofessor DaCosta then ordered a number f small punctures to be made in his legs th a bistoury. From the incisions thus ade fifteen pints of water were drained f in two days. The relief to the patient was almost marvellous. His breathing became easier, and his voice was restored as soon as the water began to flow freely. His pulse also became stronger, his tongue cleared up, and the anasarca almost entirely disappeared.

As his kidneys were, however, still rather inactive, he was ordered to take half an ounce of the infusion of digitalis twice a day, and a drachm of Basham's mixture three times a day.—*Med. Bulletin*, Feb. 7th.

Nitro-Glycerine in Contracted Kidney.—In the *Berlin. klin. Wochenschrift* (No. 3, 1885), Professor Rossbach, of Jena, opposes the view that the cardiac hypertrophy and high blood-pressure met with in contracted kidney are compensatory, and that they account for the increased urine; for nitro-glycerine (like amyl nitrite and sodium nitrite) lowers the pressure till the pulse is of normal, or even subnormal, softness, and yet the urine is not diminished in quantity, while the patients are much improved generally. Amyl and sodium nitrites act too rashly; nitro-glycerine, on the other hand, is perfectly tolerated after a few days of slight passing headache after each dose. Nitro-glycerine is declared to be "an excellent means for preserving life, and for combating severe symptoms" (œdema, asthma, retinitis, etc.). The dose is from half a milligramme to a milligramme ($\frac{1}{120}$ to $\frac{1}{60}$ of a grain, nearly); and about ten to fifteen doses a day are given. It is thus conveniently prepared. A weighed quantity is dissolved in ether, and the solution is mixed with a mixture of two parts of chocolate powder and one of gum acacia. After allowing the ether to evaporate, the mixture is softened with water, and made into tablets containing the dose desired.—*British Med. Jour.*, Jan. 31st.

Telescopic Catheterization.—Dr. A. E. Dugas, of Augusta, Ga., sends us an account of a method employed by him in cases of retention from so-called impermeable stricture of the urethra. He takes the largest sized gum-elastic catheter which will enter the meatus, passing it down until arrested at the narrowed portion of the urethra. It is then withdrawn, cut off just above the eye, the edges smoothed off, and then reinserted. When it has passed as far as it will go the end is cut off about an inch from the meatus, and the rest of the tube tied so as to prevent slipping from the

canal. Now another catheter is chosen of a size that will just pass through the one *in situ*, and is inserted as far as it will go. It will probably pass farther than the first one, but if not, a smaller size must be selected. If this do not enter the bladder it is to be passed as far as possible, and then the eye cut off as in the first case. Now a third catheter passed through number two will almost surely enter the bladder, except in the very worst cases. The larger or outer instruments serve, Dr. Dugas states, not only to ward off and exhaust the contractions of the urethra, but also act as a stiff handle to direct and guide the smaller and more flexible instruments passing through them.

In connection with this subject the writer states his belief that a great many more cases of retention of urine are due to some slight derangement of the kidneys than to the urethra. And he says that he has "frequently relieved such cases like magic by a dose of nitrate of potassa, say ten or fifteen grains, twice a day or oftener. The trouble is not that there is too much water in the bladder, but that what water is there is very irritating, and the urethra being strictured revolts at its passage.—*N. Y. Med. Record*, Feb. 21st.

Diuretic Mixture.—Dr. Alexander L. Hodgden, of Farmwell, Va., writes: I have found the following combination, ℞ Extract. apocynum cannabinum fluid., ʒ i.; extr. belladonnæ fluid., ♏xij. M.—Valuable as a diuretic given in the dose of six drops every hour until effect is produced, or eight doses have been taken, especially in œdema from pregnancy. I have given it as directed above, or in œdema from pregnancy, six drops of the same three times a day for three or four days; some water should be taken with each dose. The belladonna outside of any other action seems to be very valuable in checking the secretion of the skin, which materially aids a diuretic action.—*Md. Med. Jour.*, Feb. 28th.

Urethral Growths—Cocaine.—Alfred Kebbell, M.R.C.S. Eng., writes: In the *Journal* of January 3rd, Dr. Clement Godson reports the removal of a vascular growth from the meatus urinarius, employing a twenty-per-cent. solution of cocaine. He remarked that a weaker solution would probably answer. Acting upon his suggestion, I have employed a fifteen-per-cent. solution in a similar case, with the most satisfactory result. The patient had a small vascular growth protruding from the meatus. It was extremely sensitive, the slightest examination causing severe pain. She dreaded its removal, as on a former occasion she had had one removed without the use of an anæsthetic, and the pain had been very great. I applied the solution with a camel's-hair brush, and within five minutes I was enabled to remove the growth, with forceps and curved scissors, without the slightest pain. I am inclined to think that a still weaker solution would have answered.—*British Med. Jour.*, Feb. 14th.

Alkalinity of Urine—Benzoic Acid.—The use of benzoic acid to correct akalinity of the urine is sometimes impracticable on account of the objection which some persons have to taking it in solution, with borax. In these cases it can be given in pill form made according to the following formula:

℞	Benzoic acid	ʒ ss.
	Confection of roses	q. s.

To make twenty pills. Two to be taken three or four times a day.—*Balto. Med. Chronicle*, Feb.

Hydrocele Cured by Elastic Pressure.—In the *Meditz. Obozrenie*, No. 21, 1884, p. 808, Dr. P. G. Rosanoff, of Zvenigorod, records a case of chronic hydrocele, in which complete cure ensued after wearing a well-fitted elastic bag for about six weeks. An examination of the patient about fifteen months later showed that he was still entirely free from the former disease.—*London Med. Record*, Feb.

Phimosis—Gentian Wedges.—Mr. East gives a practical hint with regard to the treatment of phimosis. It is to use thin strips of gentian-root as wedges, inserting six or eight between the glans and prepuce. —*London Med. Record*, Feb.

Ointment in Orchitis, Etc.—Dr. Mallez, *Union Médicale*, employs the following resolvent ointment in orchitis, epididymitis, funiculitis, and peri-urethral engorgements:—℞ Iodide of lead 5 parts, iodide of potassium, extract of belladonna, of each 2 parts, extract of opium half a part, and lard 45 parts.—*London Med. Times*, Feb. 14th.

Chronic Catarrh of Bladder—Eucalyptol.—In chronic catarrh of the bladder

Prof. Bartholow considers eucalyptol as one of the most effective remedies.—*Col. and Clin. Record*, Feb.

Nephritic Colic.—*Jour. de Méd. de Paris* gives the following:

℞	Borate of ammonium	ʒ ij.
	Distilled water	℥ iv.
	Simple syrup	ʒ ss.

Tablespoonful in plenty of water every two hours.—*Can. Pract.*, Feb.

Diabetes Mellitus—Salicylate Sodii.—In the treatment of diabetes mellitus Prof. DaCosta recommends the use of the salicylate of sodium.—*Col. and Clin. Record*, Feb.

Renal Disease and Ether.—Ether has been found peculiarly irritating to patients suffering from renal disease. In these cases, chloroform is better borne.—*Med. World*, Feb.

VENEREAL.

Unism of Syphilis.—Professor Kaposi, the professor of skin diseases in the Vienna University, is probably the best-known advocate of the theory of the unism of syphilis. In some of his latest lectures he has made a most clear and forcible statement of his views, which are entirely opposed to those held by his contemporaries. He denies that the distinction between hard chancre and soft chancre, or chancroid so-called, as to one being followed by general symptoms and the other not, can be made. Both are equally syphilis, and either or neither may be followed at a later period by general symptoms. A patient may have a typical hard chancre and after it have no constitutional symptoms. Patients, where the induration of the sore was unmistakable, had been kept under observation in the hospital and outside of it for from several months to over a year, and in this time had had no secondary symptoms whatever. On the other hand, Professor Kaposi had in his practice repeatedly cases of soft chancre which later had gone through all the forms of secondary syphilis. In these cases the utmost care and pains were taken to find an induration, if present, but none was discovered. Still further, the professor went on to state that the initial lesion of syphilis, though usually an ulceration or an open sore, was not necessarily or always so. It might be a condyloma, or in other cases the initial lesion was not to be discovered by any external or local appearance. In view of these facts, which he had verified over and over again by the most careful and exact observation of patients, Professor Kaposi divides syphilis into two varieties: 1, *idiopathic*, where the disease goes no further than the local affection, which may be either a hard chancre, a soft chancre, or neither; and 2, *symptomatic syphilis*, with a similar initial lesion, but followed by secondary constitutional symptoms. As to treatment of this disease, the Vienna method is about the same whether one is a dualist or an unicist. The local initial lesion, if with induration and on a tissue which can be so treated, is immediately excised. If a soft sore, or if it is located where it cannot be cut out conveniently, as on the glans penis, it is treated simply with emplast. hydrarg., this being now almost the only local application to soft and hard chancres at present in use by Vienna surgeons. If secondary symptoms develop, hypodermic injections of a mercurial salt, usually the protiodide, are used throughout the course of treatment. The injections are given in the cellular tissue of the back, on each side of the spinous processes. The syphilis bacillus which Dr. Lustgarten thought he had discovered, is thought by most of the Vienna syphilographers not to be the syphilis bacillus at all. Professor Neuman is outspoken in this belief, and says, if there is a syphilis bacillus, it is still to be discovered. Other authorities here are less frank, but say that it is very difficult to distinguish this bacillus from a tubercle bacillus—*N. Y. Med. Record*, Feb. 28th.

Cerebral Syphilis.—This subject, about which we have already made some remarks, based principally upon the observations of Prof. H. C. Wood, is well illustrated in a case which Dr. James T. Whittaker reports in the *New England Medical Monthly* for January, 1885. It will be remembered that Dr. Wood called attention to the fact that cerebral syphilis is usually a very late manifestation of the disease: that it oftentimes does not come on for fifteen, twenty, or even more years after the occurrence of the original lesion. In Dr. Whittaker's case the patient, a woman, had contracted syphilis from her husband twenty-four years ago. Being ignorant of the nature of her disease, she allowed the first and second

stages to run their course, extending over a period of three years. As well illustrating the history of cerebral syphilis, we give the balance of this case in Dr. Whittaker's own words :

"Since that time she has had no illness, except an occasional enlargement of the glands about the head and neck, and a post-nasal catarrh, which at times gives her considerable annoyance. About fifteen months ago she began to notice a numbness about the lower limbs, which grew so severe that she could not walk, and in the arms and hand so that she became unable to hold any thing in her grasp. She next became unable to talk well, both from an inability to seize the right word, and because of a sensation as if her tongue had become thickened. She often had to hesitate for the proper word, and at times her utterances were broken so as to be almost unintelligible. At the same time her sight became dim. After these symptoms had continued for about two weeks, they became less marked and she was pretty well for five months. Then, after suffering for a few days with a slight headache, she suddenly fell, unconscious, to the floor, and lay in that condition for some time. After this occurrence she was for a long time in a partial stupor, and she began to notice twitchings of the muscles of the face and eyes, more especially of the left side. About three months ago, she detected a similar attack coming on, and was able to lie down in time to save herself the fall. During this time, and until six weeks ago, she was under homœopathic treatment for 'catarrh.' She then had a third attack, much more severe than the first, in which she frothed at the mouth, and her muscles were convulsed. She was put upon antisyphilitic treatment. She had since had no convulsions, but is much troubled by the twitching of her face and eyes, and a sensation as if her tongue and cheek were swollen. She is most of all worried by the dread of a recurrence of the epileptic attacks, so that she is very irritable and morose. Her appetite is good, and the digestive organs generally act well. She sleeps much more than in health and is nearly always drowsy. She could sleep, she says, half the day."—*Med. and Surg. Rep.*, Feb. 14th.

Tannate of Mercury.—C. W. Tangeman, M.D., Cincinnati, O., writes :

Lustgarten, of Vienna, has discovered a new preparation of mercury that seems from present indications to supersede all other mercurials. We possess a valuable remedy in the gray salve, and who has not been astonished at the rapidity with which some of the most desperate cases of lues disappeared under the inunction treatment. But the size of the dose cannot be regulated, since we do not know how much of the drug is taken up by the system nor how much is oxydated. While the various preparations have yielded good results, yet no one will hesitate to adopt a remedy, the dose of which can be easily regulated, and is readily taken up into the circulation, and whose administration does not produce any bad systemic after-effects.

The above drug contains fifty per cent. of mercury ; it has a metallic taste, but otherwise quite palatable ; it has no odor. It can be given in powders. Sometimes it becomes necessary to combine some astringent or opiate with it in order to check or control its drastic effects, should it be necessary in patients that are very susceptible to the drug. It can be given in doses ranging from 0.05 to 0.1, three or four times a day. Salivation and stomatitis are very rarely observed, even in cases where the drug has been administered for some time. Its action is quite rapid, but in a large percentage of cases its action is not in the least disagreeable. It may become necessary that we apply the new agent only in a certain class of cases, but it is certainly more acceptable than the injection hypodermically of a solution of bichloride or the unreliable inunction cure.—*Med. Summary,* Feb.

Chordee—Chloral Injection.—Morris C. L. Kitchen, M.D., E. Saginaw, Mich., writes :

I notice in a late number of your valuable journal an article on the use of chloral hydrate in gonorrhœa. For two years I have been using chloral hydrate gr. x., potas. bromide gr. v.–x., to aq. dest. ʒ i., as an injection for chordee, and have *never* known it to fail of affording perfect relief. I usually add morph. sulph. gr. ij. to the ʒ i.

I do not think from my observation that chloral hydrate, or this mixture of my own, is indicated in all stages of the disease, but when chordee comes on, I can confidently recommend the use of it, and usually no

other injection is needed afterward.—*Med. Age*, Feb. 25th.

Ointment for Syphilitic Ulcers.—M. Terrillon (*Union Médicale*) prescribes the following:—Pyrogallic acid and starch, of each twenty parts; vaseline, sixty parts. After mixing, the ointment is to be kept in a completely closed bottle, and is to be applied once a day to venereal ulcers, making two applications when the ulceration is very extensive. The sores lose their virulence after the first dressing. In place of the ointment a powder may be spread over the ulcer, by means of a small bellows, composed of equal parts of pyrogallic acid and starch. *London Med. Times*, Jan. 17th.

Gonococcus and the Abortive Cure of Blennorrhagia.—Dr. Domenico Barduzzi, in the *Giornale Italiano delle Malattie veneree e della Pelle*, admits the causative relation of the gonococcus in the production of blennorrhagia, and considers injections of corrosive sublimate of abortive value in the disease if practised on the first or second day after its appearance. The strength of the solution recommended is from 1:9000 to 1:3000, according to the toleration of the patient. He recommends injection of one half of a teaspoonful of the fluid into the urethra three times a day, and cautions against making the least effort to throw it into the deep portion of the urethra. Of six cases treated, only one passed to the acute period. In the five remaining cases, the disease aborted completely within four days. For sake of precaution, the injection was continued a day longer.—*Phila. Med. News*, Feb. 28th.

Chloral Hydrate in Gonorrhœa.—Dr. Rodriquez, of the Imperial Brazilian navy, reports the beneficial effect of injections of chloral-hydrate solutions in this affection, in the following prescription:

℞ Chloral . . . . . 1 drachm
Water . . . . . 8 oz.
M. S.—Inject three times daily.

—*Medical Age*, Jan. 26th.

Gleet—Chloride of Lime.—Chloride of lime was formerly used in gonorrhœa, but quite lately has been very warmly recommended as an injection in old cases of gleet after all the inflammatory symptoms, especially the pain, have subsided. The amount of secretion which may be present is a matter of no importance. Nothnagel says his experience with it has been favorable, in solutions of five to ten per cent.—*N. Y. Med. Record*, Feb. 21st.

OPHTHALMIC.

Granular Lids.—Dr. Wm. F. Mittendorf, of New York, gave the following at the N. Y. State Med. Society:—In asylums or public institutions, hundreds of cases are discovered, the existence of which had not been suspected; patients, suffering from granular lids, will often not know that they have sore eyes, when, upon eversion of the lids, granulations are discovered that must have existed for months. It is on this account that our present plan of treatment is so slow, the changes of the conjunctiva being such, at the first visit of the patient, that it is often impossible to effect a perfect cure.

The remedies employed for this disease may be divided into two classes—the metallic and the organic. According to their power us germicides, the former ranks as follows: nitrate of silver, mercury, sulphate of copper, sulphate of zinc, acetate of lead, and alum. Of the second class, the principal ones are balsam of copaiba, muriate of hydrastin, tannin, and jequirity.

True granular lids consist in accumulations of lymph cells and granules in the deeper portions of the conjunctiva, and are probably the result of the invasion of a special micrococcus; after the disease has passed through different stages, it results in cicatrization of the conjunctiva. In the first stages, the metallic astringents are indicated; in the later, the organic ones—especially the balsam of copaiba diluted with nine parts of vaseline is here of excellent service. If there is much swelling of the conjunctiva, the hydrochlorate of hydrastin will answer better than any thing else, but its application is very painful, and should be preceded by the use of the muriate of cocaine. In fact, all painful applications to the eye should be mitigated by using a little cocaine a few minutes before the astringents are employed. Tannin is of great service in milder cases.

There are two affections that are frequently classed among granular lids; these are the follicular and the chronic blennorrhagic conjunctivitis. The former depends more or less on a scrofulous diathesis, and should be treated by hygienic measures principally; but a two- to four-grain solu-

tion of bichloride of mercury applied once a day to the exposed conjunctiva is of great service. The latter depends more upon peculiar excrescences of the conjunctival epithelium, and it is principally benefited by the use of a ten-grain solution of nitrate of silver, and later by the use of the balsam of copaiba. If all these remedies fail, and if there is pannus, the use of jequirity is indicated. It should never be used by the general practitioner, for unless its action is carefully watched, it may destroy the eye. Its use *should not be for granular lids, but for pannus.* A very convenient way to use it is to have a trituration of jequirity and gum acacia, which will keep for years, and of which as much as the point of a penknife will hold is to be mixed with a teaspoonful of water; after allowing it to stand in a watch-glass for about an hour, it is ready for use, and may be applied to the everted lids by means of a small brush.

The indifference of the patient, and the consequent carelessness in the use of towels and basins that are used by others, are causes of the transmission of the disease to others, and hundreds of inmates of our large public homes may be affected by a new arrival in a very short time.—*Phila. Med. News*, Feb. 7th.

Bromide of Potassium in Retinal Hyperæsthesia.—Dr. John Gason, 8 Via S. Sebastiano, Rome, writes: Two cases of nerve irritation of both eyes in children have been recently under my care in the Dispensary for Italians in Rome, of which I have the care. The first was in a lad of eleven years of age. The second was in a child of three years. They were not related. Both were brought to me with closed eyes and with intolerance of light. Both had been for a considerable time, two years, under the care of an Italian oculist, who had applied solution of nitrate of silver, atropine, etc. Both patients were pale and of strumous habit. Conceiving that these were cases of irritable optic nerve, I put them under the use of bromide of potash. In the lad of eleven years, decided improvement manifested itself in ten days, and he was quite cured in a month. In the second case, quite recently, marked improvement took place in four days, and the child was quite cured in ten days. I send these two cases as interesting examples of the good effects of bromide of potash in nervous affections.—*London Med. Times*, Feb. 28th.

Cancer of the Eye.—An important study of cancer of the eye has just been completed by M. Gustave Dron (*Gaz. Méd. de Paris*). The work contains an extended observation upon a case of sarcoma of the choroid, reported to the author by M. Alp. Desmarres; a study of cancer of the globe; and, finally, a general discussion upon the nature of the different varieties of cancer and their etiology. The case of choroidal sarcoma was diagnosticated at its first appearance, operated upon, and at the end of five years has not returned. Showing clearly the symptomatology of cancerous growths, and the mode of distinguishing them, M. Dron insists especially upon the radical treatment of the disease, which consists in the complete extirpation of the eye and all its appendages, if the growth has at all invaded them. Considering the subject from a practical standpoint, he regards histological distinction as of only minor importance.—*Phila. Med. News*, Jan. 31st.

Relation Between Sick Headache and Astigmatism.—Mr. H. Bendelack Hewetson read a paper on this subject at the Leeds and West Riding Medico-Chirurgical Society, and showed six cases, as well as related the notes of several others, in which patients of ages from twelve to thirty-six had been for many years the victims of periodic attacks of migraine. Between the attacks of migraine there had been chronic dyspepsia and vertigo in walking in several of the cases. Two could bring on an attack of vomiting by sewing. All had some form of astigmatism, either mixed or compound, hypermetropic or myopic. All were completely cured by wearing proper correcting cylinders constantly. Mr. Hewetson believed that, when astigmatism of an abnormal character (or in some rare cases even a simple state of hypermetropia) existed in a neurotic subject, it might be the entire cause of periodic sick headache, with its accompanying dyspepsia, and could be cured by suitable glasses constantly worn. *Phila. Med. Times*, Feb. 7th.

Urban Myopia.—In a recent address at the Society of Arts, Mr. Brudenell Carter drew attention to a form of myopia to which the dwellers in populous places are peculiarly subject. There is no doubt that town-

life is conducive to short sight. There is not one man in ten who, in walking about a crowded town, does not habitually keep his eyes fixed upon the ground, or, at any rate, upon a very near point. Visual accommodation for near distance becomes habitual, because it is a protective necessity against collisions and other dangers of the streets. Hence dwellers in towns should take frequent walks abroad, so that, by gazing on distant objects, they may preserve their eyes by a healthful relaxation of visual tension.—*Brit. Med. Jour.*, Feb. 7th.

Railway Accidents and Color-Blindness.—Dr. William Thomson, writing upon this subject in the *Popular Science Monthly*, says: "It has not been the duty of the writer to investigate cases of accident which might have been caused by defects of sight, but he has been assured by officials that a solution will hereafter be found in them for those hitherto insoluble mysteries where men, otherwise credible, have so flatly contradicted themselves and the circumstances of the case. By one prominent officer he was told that, being upon a train at night, delayed by some slight accident, he himself took a red lantern, and, going a proper distance back, placed himself on the track in the way of an on-coming train, but finding his light not observed he was compelled to dash it into the cab to attract the engineer's attention and arrest him in his progress to a collision. Upon the examination of another engineer, his superior officer being present and convinced of his marked color-blindness remarked that, but a short time before, the man had run into the rear of a train properly protected by a red light in the hands of a brakeman some distance in the rear; that the most careful investigation had resulted only in the suspension of the brakeman for not having gone far enough back; but that he was now satisfied that the color-blindness of the engineer had been the real cause of the accident. Some slight or minor accidents recently led to the discovery that another engineer had by some oversight not been tested in his division, and this led to his examination and detection there, and to his conviction by the writer as a color-blind. Still another case now presents itself. An engineer some time ago ran over and killed a brakeman holding a danger-signal on the track in front of his engine, and no satisfactory explanation could then be given; but the division examiner predicted that he would probably be found color-blind, and on his examination this proved to be the case."—*Boston M. and S. Jour.*, Feb. 26th.

Local Action of Ungt. Cocaine on the Eye and Ear.—In the *Vratch*, 1884, No. 49, p. 127, Dr. A. Zakharievsky, of Tzivilsk, Kazan Government, describes two cases of extraction of cataract after the linear method of Graefe in two very sensitive male patients, aged forty-five and fifty-six (one of whom simultaneously suffered from exophthalmic goître), in which he used, with the best results, a five-per-cent. ointment of cocaine and vaseline. The ointment was introduced into the conjunctival sac three successive times, at intervals of ten minutes. The operations were completed without any pain to the patients. The author tried also the introduction of the ointment into the auditory meatus, in a case of very painful acute myringitis in a woman. Within five minutes pain disappeared for several hours, and on reappearing was again successfully removed in the same way.—*London Med. Record*, Feb.

Conjunctival Hyperæmia. — Dr. M. M. Brown, Ithaca, N. Y., says: Hyperæmia of the conjunctival covering of the lids is one of the most common forms of inflammation of the eye met with in the summer season, and in dusty weather of any season of the year. The lids feel dry, with a smarting pain as if sand was in them, and often glue together during the night, requiring an effort to open them in the morning. The conjunctiva covering the eyeball may or may not sympathize with this mildest form of conjunctivitis.

It is quickly cured with a collyrium of boracic acid, ten grs. to the oz. of distilled water, or pure rain-water. The eyes should be freely bathed with this eye-water four times a day. At bedtime the following ointment must be applied freely to the margins of the lids:

℞	Hydrarg. oxidi rub.	gr. viij.
	Carbolized vaseline	ʒ i.
	Vaseline	ʒ vij.

M. et fiat unguentum.

This is the best eye-salve I have ever used for any inflammation of the glands of the lids. In mild forms of scrofulous infiltration, inclination to inversion or eversion of the lids, also corneal ulceration,

I rely upon it for application. When the lids are thickened, and the "winkers" are falling out or growing crooked, the lids red and feverish, the boracic-acid collyrium should be used through the day and the eye-salve at night; any loose hairs turned in upon the eyeball or conjunctiva should be carefully removed.

℞ Potass. iodidi . . . . . ʒ iij.
Comp. fl. ext. stillingiæ . . ℥ ij.
Syr. sarsap. comp. . . . . ℥ vj.
Ess. gaultheriæ, to flavor . . q. s.

M. Sig. Teaspoonful three times a day, in a little water, one hour after meals.

I give cod-liver oil and elixir iodo to scrofulous patients, and apply the mercurial ointment, with the happiest results.—*Med. World*, Feb.

Ulcers of Cornea—Eserine.—Scrofulous ulcers of the cornea, and those occurring in small-pox, are promptly healed by the application, twice daily, of a few drops of the following solution. Sulphate of eserine gr. ii., aq. dest. ʒ i. Eserine is an alkaloid obtained from the calabar bean, and is also called physostigmine.

This solution is also useful in acute glaucoma, presbyopia, and neuralgia oculi.—*Med. World*, Feb.

Granular Ophthalmia Apparently Due to Prolonged Lactation.—Caroline J., aged thirty-six, married fourteen years, five children, youngest sixteen months old, which she was still nursing. On Jan. 26th came to the Western Ophthalmic Hospital, complaining of pain and redness of both eyes, with photophobia coming on during the last few days. The left eye presented considerable conjunctival injection, and on the ocular surface of the upper tarsus several well-marked recent granulations were observed; the right eye was in a similar state, but less marked. She was ordered to apply the yellow oxide of mercury ointment, gr. v. to ʒ j. of vaseline, twice a day, to take a ferruginous tonic, and to wean her child at once. By March 4th the granulations were disappearing, by the 11th her health had much improved, and the granulations could only just be seen, and on the 18th they were no longer visible, and all irritation and photophobia had subsided.—*London Med. Press*, Feb. 4th.

Papillary Growths from the Conjunctiva.—Thomas C., aged thirty-four, laborer, for five months had noticed two small lumps growing, one from the inner canthus, the other from the inferior retro-tarsal fold of the conjunctiva, of the left eye; they had slowly increased in size, the larger was nearly as big as an almond, and protruded from between the globe and the inferior eyelid. They did not give rise to much inconvenience, never bled, and, contrary to what is usually the case, had neither been preceded nor accompanied by any discharge. On January 4th the growths were snipped off at the Western Ophth. Hospital, and their bases touched with nitrate of silver. They did not return.—*London Med. Press*, Feb. 4th.

Pulsating Exophthalmos.—In *Australasian Medical Gazette*, December 15, 1884, Charles Gosse, M.D., reports an interesting case of pulsating exophthalmos of the right eye. There was a distinct thrill heard on auscultation and the pulsation could be stopped by pressure on the right common carotid. It was assumed that there was an opening between the internal carotid artery and the cavernous sinus. The common carotid artery was consequently ligated, and the pulsation and bruit disappeared at once.—*Louv. Med. News*, Feb. 7th.

AURAL.

Otitis Media Purulenta.—J. H., 18 years of age, an intelligent young man, a tobacco stripper, appeared at the clinic of Prof. Dudley S. Reynolds, M.D., Louisville Hospital College. For several years he has had a progressive impairment of hearing. Two weeks ago to-day it was extremely difficult, as you may remember, for me to make him hear my voice; the external auditory canals were both filled with muco-pus containing a quantity of dirt from the tobacco-factory. This was mopped out with small portions of cotton-wool rolled upon the end of a probe; the Eustachian catheter was then employed, and air blown through the middle ear, bringing away a considerable quantity of muco-pus. A solution of chloride of sodium (ʒ–℥) was then employed, about one minim being placed in the distal end of the catheter, and the nozzle of the Politzer air-bag being placed over the tip, forcible compression was made, driving the minim of solution through the walls of the catheter in such a way as to

permit the escape of it in the form of spray into the Eustachian tube, and by continued blowing the dissolved inflammatory matters were easily blown out through the perforated drum-membrane. Following this a single drop of Lambert's listerine was blown through the catheter in the manner just described. This practice has been kept up once a day since, through the kind attention of my assistant. Now Mr. H. is able to hear my watch at two inches from the right ear and three inches from the left. He experiences no difficulty in hearing all conversational tones.—*Phila. Med. Times*, Feb. 7th.

Irritable External Meatus.—Dr. M. M. Brown, Ithaca, N. Y., finds there is no better application for dry irritable condition of the ear passages than

℞	Vaseline	ʒ ii.
	Carbolized vaseline	ʒ i.
	Hydrg. oxid. rub.	grs. xvi.

M. ft. unguentum.

Oftentimes the ears itch and compel one to use the ear-spoon, a hair-pin, a match, a pin head, or the little finger to remove the offending matter, or to attempt the removal of the cause.

Examine the auditory canals and you will sometimes find impacted cerumen or wax, white scales, dust of coal, or particles of dirt of most all kinds flying in the various avenues of the laboring man's life.

Wash this offending matter out with warm water—*never dig the ears*,—and apply the above unguent three times a day; washing the canals once in twenty-four hours with warm water till all irritation ceases.—*Med. Summary*, Feb.

Aspergilli.—Dr. M. M. Brown, Ithaca, N. Y., continues: Aspergilli manifest their presence by itching and burning, deep in the ear, accompanied by a sense of fulness which, by and by, is followed by tinnitus aurium, hardness of hearing, pain, and a watery discharge—the discharge relieves the distress for a time only. After a short respite all the ugly symptoms return even worse than at first. If there is a perforation in the membrana tympani, then fungus may develop in the middle ear.

This fungus may cause deafness and terrible suffering if left to multiply and spread. "Its tendency is to seek the deepest parts of the fundus of the auditory canals." It usually begins to grow upon the membrana tympani. A thin, white, moist membranous formation results and will spread over the whole auditory canal if not soon destroyed. I have always made quick cures by filling the auditory canal with alcohol, three times a day in the following manner. Saturate a small piece of absorbent cotton with the spirits and after having gently wiped the canal with dry absorbent cotton, push the pledget soaked with alcohol carefully in. Use great caution that you do not press with any force against the membrana tympani. Leave the cotton in for five minutes, then with a small forceps remove it and apply a little of the carbolized vaseline and hydrg. oxidi rub. ung., previously mentioned.

Repeat this treatment two or three times a day for a week, which generally is sufficient to cure any case. If the ear has been too much irritated by digging, or raw from eczematous inflammation, the alcohol must be diluted one half, or even more, for the first two or three days' treatment.

Some cases do well with boric-acid powder, applied after the alcohol has been used for one or two days. Fill the ear with the acid carefully and leave it two or three days, then wash and dry and repeat. This is especially good treatment if eczema is present. Attended with the mercurial unguent, I cured a most offensive and annoying case of three years' standing in less than three months, giving two treatments each week. I also cured another case in less time that had been troublesome for about two years. I administered alteratives internally.—*Med. Summary*, Feb.

Asthma, Caused by an Accumulation of Cerumen in the External Auditory Canal.—H. B. Gibbon, M. D., Tiffin, Ohio, writes:—A. B., age about 7 years. Light complexion, of a nervous temperament.

I was called, Aug. 7, 1884, to prescribe for this little boy. I found him poorly nourished, and suffering from asthma and indigestion. The asthma, the most prominent of his symptoms, was accompanied with the usual cough, which was greatly increased at night after lying down, so that it deprived him of his sleep and rest. Not being able to satisfy myself as to the cause of this train of symptoms, upon my first visit, I gave him an anodyne cough mixture, with medicine to assist in digesting his food, also giving directions regarding his diet. Calling upon the fourth day, I

found my little patient "about the same." At this visit I discovered that my patient was a little dull of hearing. When, upon examining the external auditory canal, I found it almost entirely occluded with cerumen. I at once set to relieve this, by first softening the mass, anticipating a relief as soon as I accomplished the removal of this accumulation, deciding that our symptoms were due to reflex irritation of the pneumogastric nerve. To my gratification, my anticipations were fully realized the third day after removing the cerumen. The little fellow was relieved from the distressing symptoms, began to eat with more relish, slept better, free from cough, and his asthma began to improve, and he was soon himself again. I had not at this date read nor heard of a report of a case in which these symptoms were dependent upon this cause. Consequently, it was of no little interest to me, and thinking that it might interest your readers, I communicate to you my experience.—*Medical Age*, Feb. 10th.

Remedy for Street Noises.—A London physician writes: Owing to illness, and a long residence in the tropics, I, some years ago, became morbidly sensitive to noises of every kind, and procured complete relief in the following way.

I placed some spermaceti ointment in the centre of a little square of thin limp cotton, brought the corners together, tied them with thread, and inserted one of the little plugs well into each ear, and found—after a little kneading and gentle pressure—that I was absolutely deaf to all ordinary sounds, such as the loud barking of dogs, and the rumbling of heavy carriages in the streets.

A couple of points must be carefully attended to. The ointment must not be too soft, the quantity about the size of a small pea, and the little bag must be somewhat larger than its contents, to allow the plug to take the shape of the auditory canal. If the bag be too small, or its contents too large, it cannot be inserted into the ear; and if applied only to the orifice, it entirely fails in its object. This little experiment is easily tried, and a daily experience of over twelve months warrants me in saying that it will be found invaluable in the sick-room.—*London Med. Times*, Jan. 10th.

Otorrhœa.—The following treatment is recommended by Dr. M. M. Brown, Ithaca, N. Y.: Otorrhœa, so often met with in children, can be usually cured in the following manner: Wash the ear with warm calendula water.

Calendula fluid	℥ j.	
Aqua pura	℥ iv.	M.

Dry the canal with absorbent cotton.

Lay the patient down with diseased ear toward the operator; fill the canal full of powdered boric acid by gently working it into place with an ear-spoon, or a small probe covered with a little cotton. Leave this for three days, then wash with calendula water and refill as before, and so on till a cure is effected, which is usually accomplished in a few weeks. Internally give tincture of pulsatilla, ten drops in one half tumblerful of water, a teaspoonful three times a day, and if scrofulous and broken down, elixir iodo, cod-liver oil, and supportive measures generally. Cleanliness is imperative.—*Med. Summary*, Feb.

Hydrochlorate of Cocaine in Aural Cases.—H. C. Boenning, M.D., writes: About the middle of last month a child was brought to my office for ear trouble. The history revealed an attack of scarlet-fever two years ago, followed by deafness and a discharge from the meatus. An examination proved marked loss of hearing, but I could not determine any thing more, the slightest contact with the ear producing pain and exciting the girl so much that the mother interfered. I ascertained that discharges of blood occurred from time to time, and that at first, when the child held her nose and mouth and expired, a hissing noise in the ear could be heard. I obtained the child's consent to an examination if it could be done painlessly, and forthwith used a strong solution of cocaine (eight-per-cent. solution), dropping about thirty drops of this into the ear in the course of half an hour, although much of the fluid overflowed the meatus. Ten minutes after the last drops were used I opened the meatus with a small bivalve ear-speculum and found it contracted by a growth—which partly filled the canal—of a pale-reddish color, bleeding slightly upon touch. The child felt the manipulation, but no pain was produced. Forcible expiration produced a hissing sound, and my diagnosis—vascular polypus with perforation of the membrana tympani and chronic catarrh—was confirmed. The next day the patient appeared for operation, and after using the cocaine again (although the parts were still

numb) I removed the growth and washed out the ear, no pain of any consequence being caused.—*Col. and Clin. Record*, Feb.

Impacted Cerumen and Foreign Bodies in the Ear.—Dr. M. M. Brown, Ithaca. N. Y., advises to never dig out impacted cerumen from the auditory canals. Wash or soak, till all is removed, with

Bicarbonate of soda	3 j.
Aqua bullient.	O j.

In syringing the ears, use the utmost caution—*i. e.*, do not throw the stream from the syringe with any force. You had better be three or six days removing the impaction, or any foreign body, than to injure the membrana tympani. I once removed a kernel of pop-corn from the ear of a small boy, after a physician had tried with forceps for several hours, by filling the ear with sweet oil and putting him to bed. The oil was warmed and the canal filled, and then by turning the head over the grain of corn slipped out while the oil was running upon the pillow—*Med. Summary*, Feb.

DERMAL.

Aconite in the Treatment of Frost-bite.—The following is from a communication by Dr. D. B. D. Deaver, Reading, Pa.: The treatment of frost-bite and its consequences, with the stimulating lotions recommended in the books, I relinquished as being unsatisfactory four or five years ago to cast about for something better. Believing the evil local effects of cold to be due to its action upon the nerve-ends in the integument, rather than to its direct action upon the living elements of the tissues, and that they are brought about through the reflex functions of the nervous system, it seemed that the best and quickest method of relief would be found in a remedy which would prevent the transmission of sensation to the nerve-centres, or prevent their reflexion. Of all the articles in the materia medica, aconite seemed to answer these requirements best ; and the first trial fully confirmed the supposition.

For frost-bite, I have used it only in the second stage, the period at which the disease usually comes under the notice of the physician, after reaction has set in, when there is redness, swelling, and itching, burning, or tingling sensations, or all of them.

In this stage, the tincture of aconite root applied to the affected parts brings early relief to the disordered sensations ; and with their disappearance, the swelling also abates quickly. The medicine should be applied freely with a camel's-hair brush, half a dozen or more times in succession, at such intervals as will permit it to penetrate the epidermis and dry on the surface between applications. After relief has been obtained, the remedy may be used three or four times daily until the parts have resumed a healthy feeling and appearance.

For the treatment of the annually recurring pernio, aconite is equally as valuable as in the initial frost-bite.—*Med. and Surg. Rep.*, Feb. 21st.

Strychnia in Erysipelas.—My patients had suffered with great depression under iron, quinine, milk, and beef-tea—their tongues so badly swollen they could not speak ; general stupor, and the erysipelatous invasion over the face, scalp, and down the neck.

I thought of strychnia ; and combining it with tinct. ferri mur., it operated like magic. In a few hours my first patient was greatly improved. ℞.—Tinct. ferri mur., gtt., xx.; King's solutions trychnia, gtt. v. Mix. To be given every two hours in a little water.

I thought this improvement might only be accidental, but an experience of twenty years has convinced me that strychnia and iron combined are the remedies in erysipelas.

I do not now wait for the depression, but commence with strychnia at first, and I have so much faith in this remedy that if compelled to choose between iron and strychnia, I should take the latter.—Y, in *American Medical Journal.*

Effect of Cocaine in Relieving Pains from Scalds.—The following case, illustrating the effect of cocaine, I take from the *Wiener medicinische Wochenschrift.* On December 25th last, Dr. Weiss, of Vienna, was called in to Professor S., who had scalded his eyes, forehead, nose, cheeks, and upper lip, owing to an explosion of the apparatus during an inhalation ; pain was very severe. He first ordered linen, soaked in oil, to be laid on, and oiled bandages on the top of these. Then he ordered the application of carron oil, and a two-per-cent. solution of hydrochlorate of cocaine. As soon as the scalded spots were painted

with the above-named solution, the pain disappeared at once, and did not return.—(Berlin Correspondent).—*British Med. Jour.*, Feb. 21st.

Jaborandi for Inflammatory Affections of the Skin.—W. W. Claybaugh, M.D., Dunbar, Neb., sends the following: Recalling the fact that this drug has, or is supposed to have, special affinity for the skin, when given by the mouth, I determined to test its efficacy in all forms of inflammatory conditions of the skin, and soon opportunity offered in the following cases:

Case 1. A well-marked case of erysipelas of the face, starting from the nose. I saw the man late in the afternoon. Gave pill hydg., gr. x., at bedtime; followed in morning by saline, and gave—

℞ Fl. ext. jaborandi . . . . . ℥ j.
Tr. opii,
Glycerin. . . . . āā ℥ ss. M.

Sig.—Paint over the part with chicken feather every two hours.

Continued treatment for three days, when I considered the patient cured.

Case 2. A lady, with irritable spine, was in the habit, at certain times, of applying a counterirritant of croton oil; but this time she used too much, and by some means the effect was diffused over the whole surface of the body. When I was called, three days later, the whole surface of the body was extremely red, painful, and œdematous. All the usual domestic remedies had been tried without effect, at least without benefit. I ordered the mixture, as in case one, to be used. The pain was relieved almost instantly, the redness and swelling gradually subsided, and on the third day there was nothing left of the inflammation, but an abundant exfoliation of the cuticle was going on, which finally left the skin in excellent condition.

It may be proper to add, that in this case I ordered the woollen underwear to be exchanged for cotton, and gave a slight purge with Epsom salts.

Case 3. My wife severely scalded her hand with boiling liquid. It was remarkably painful, and the burned surface covered most of the hand. When I saw her about half an hour after, I saturated a compress with equal parts of fl. ext. jaborandi and laudanum, and applied to the burned surface. This totally prevented the inflammatory action, which I am sure would have followed from the severity and extent of the scalded surface.—*Med. and Surg. Rep.*, Feb. 7th.

Ephemeral Œdema of Gouty Origin.—Negel, of Jassy (*Le Progrès Méd.*, No. 43, 1884), reports an interesting case of a lady, aged forty, strong and stout, who had been subjected to malarial influences, and who had complained at times of rheumatic pains, situated principally in the joints. She was, moreover, very nervous, but had never had any chilblains. She was liable to gastric attacks with vomiting, meteorism, and pain. Ten years ago, when bathing in a river, her whole body became swollen, and her skin itched violently. This accident did not recur till 1881. From that time whenever she washed her hands in water at the ordinary temperature, in from two to five minutes she felt frightful itching in the fingers, sharp pain, a sensation of burning and constriction, like a "biting heat"; some minutes after, the fingers swelled, becoming red and shiny; the local temperature was a little raised. The swelling did not pit on pressure, but the redness disappeared, to return immediately. At the end of one to three hours all had passed away. According to her own statement, this same swelling might occur in the feet, arms, nose, ears, or any part of the body. It might occur also from cold air or contact with any cold body; the nose or ears were often attacked when she went out of doors. The urine was free from albumen and sugar. On the supposition that the phenomena depended upon gout, salicylate of sodium and liquor arsenicalis were prescribed, with two alkaline baths weekly. At the end of a month she was completely cured, the attacks no longer recurring under the influence of any of the above-mentioned causes.—*London Practitioner*, Feb.

Absorption of Medicaments by the Skin Facilitated by Electric Baths.—According to Dr. Lauret, the absorption of medicaments by the skin during a partial bath is facilitated by a continuous current of electricity. The doctor makes use of a metallic bath-tub, which receives one pole of the battery in one side, the other pole being placed on the upper part of the arm, which is plunged to the elbow in the liquid of the bath, without being allowed to touch the tub at any point. Baths of iodine and bromine only have so far been used at a temperature of 37° or 38° C., with a duration

of thirty-five minutes, when iodine and bromine have been detected in the urine of patients.—*Atlanta Jour. Med.*, Feb.

Psoriaris—Bran Baths.—Pape obtained good results prescribing tepid bran baths two or three times a day in cases of psoriaris idiopathica. Although this treatment does not always prevent return of the disease, yet it ought to be preferred so as to rapidly remove the affection.—*Med. Chir. Rundschau. — Chicago Med. Jour. and Exam.*, Feb.

Chronic Psoriasis—Donovan's Solution.—In a case of chronic psoriasis of eleven years' duration, and which had during this time baffled all treatment, Prof. Da-Costa placed the patient, a young man of 22 years, on Donovan's solution, gtt. x. t. i. d., to be increased to gtt. xx. t. i. id.; the object being to produce the full physiological action of the remedy.—*Col. and Clin. Record*, Feb.

Sodium Ethylate in Lupus.—At the meeting of the Medical Society of London, on the 8th inst., Mr. Startin showed several cases of lupus vulgaris which had been completely cured by the application of sodium ethylate. It will be remembered that Dr. B. W. Richardson drew attention to the value of this substance in the treatment of mucous polypi nasi in an early number of the *Asclepiad*, and it has now been employed with considerable success in a large number of cases of disease. In one of Mr. Startin's cases the lupus growth had involved the alæ of the nose and the adjacent cheeks to a considerable extent. Another case exhibited at the same time was almost entirely cured by erosion and careful scooping out of all the lupus tissue, only two operations having been required to effect the result.—*London Med. Press*, Feb. 18th.

Acne from Urethral Irritation.—Acne is often reflex from urethral irritation. Dr. S. Sherwell obtained marvellous improvement in the faces of two patients, after long treatment had failed, by passing cold sounds every third day. The urethra was found sensitive, especially at about the junction of the membranous portion with the prostatic.—*Jour. C. and V. Dis.*

Ringworm—Chrysophanic Acid in Chloroform.—In an article in the *British Medical Journal*, Mr. Alder Smith recommends a solution of chrysophanic acid in chloroform as an application to ringworm. The chloroform dissolves the fatty matter in the hair follicles, and thus allows the acid to get to the parasite. The hair should be closely clipped. The strength used is seven grains of the acid to the ounce of chloroform.—*Louv. Med. News*, Feb. 14th.

Tinea Versicolor. — The so-called "liver spots" (tinea versicolor) are caused by the presence of a microscopic fungus, and can be removed by a parasiticide application, as a solution of carbolic acid, corrosive sublimate, or sulphurous acid. Weak applications are sufficient for this disease. A lotion of hyposulphite of sodium 3 ss. to water ℥ j. is recommended.

This is mild and does not irritate or discolor the skin like iodine.—*Weekly Drug News.*

Pediculi and Nits—Cor. Subl. in Acetic Acid.—It is stated that a solution of corrosive sublimate in dilute acetic acid (grs. ij.–℥ j.) destroys pediculi and their ova.—*Louv. Med. News.*, Feb. 21st.

TOXIC AND HYGIENIC.

Climate and Its Relation to Health.—In his first Cantor lecture Dr. G. V. Poore observed that as the composition of the air was practically uniform throughout the world, its chemical composition could have very little to do with health. One of the effects of rain was to raise the temperature of a place, and it had been calculated that the rise in temperature due to the condensation of rain on the west coast of Ireland was equal to half the amount of heat received from the sun. Rain was also a great purifier of the air. Moisture was not a direct cause of disease, but indirectly it was harmful, inasmuch as it favored putrefaction, the great enemy of health all over the globe. Great heat, joined with great moisture, was undoubtedly injurious to health, by accelerating putrefaction. It was difficult to say that heat, considered quite alone, was a cause of disease, but it was difficult to separate it from other things, especially its relation to putrefaction. Heat-apoplexy might be produced in the shade as well as in the sun, and it was noteworthy that it could also be brought about by over-crowding and by errors of diet and dress. The extremes of

cold and darkness did not necessarily of themselves endanger life, a fact which had been conclusively proved by the experiences of the crew of the Eira while in the Arctic regions.—*London Med. Times*, Jan. 17th.

Tartar Emetic Hypodermically in Attempted Suicide by Poison.—Wm. H. Richter, M.D., Topeka, Kan., reports the case of a woman who had swallowed 3 ss. of chloral, followed by an unknown quantity of arsenic.

She was determined to die, as she stated, and would not take any antidote. She fought bravely against our efforts to administer an emetic. I left and visited several drug stores, and could not find apomorphia. I had prepared tartar emetic grs. v., water 3 ij., and returned to my patient. Although they objected to my using tartar emetic hypodermically, I did it upon my own responsibility. I injected a hypodermic syringeful into the right forearm and immediately a syringeful in the left arm, of the solution, and in less than thirty seconds she vomited very freely, and in another hour she vomited again.

I knew very well that abscesses would form from such use of tartar emetic, and thought that one or two abscesses were much better than to have a death on our hands. The abscesses formed, and were treated like an ordinary abscess.

Should I have to treat another case of attempted suicide, and cannot find apomorphia, I will use tartar emetic again, and will use a sufficiency at once, in order to secure the result which I desire.

I wish to say a few words about apomorphia. I have used it in several cases of attempted suicide, especially when morphia sulphate had been taken, in which the patient could not be aroused or wakened. I administer one sixth gr. in water, hypodermically, and in from ten to fifteen seconds the answer comes, which is severe retching and vomiting, and which awakens the patient and saves life.—*Atlantic Four. Med.*, Feb.

Poisonous Wall-Papers.—The public appear under the impression that arsenical poisoning from wall-papers is due to portions of arsenic in powder being dusted off the walls. Such is not the case; the chief danger lies in the fact that, in damp weather, the arsenic undergoes decomposition, and forms, in combination with other substances present, arseniuretted hydrogen, which diffuses in the room, and being a deadly poison, causes sickness to the inmates. This form of arsenical poisoning is more to be dreaded than that from the particles removed by attrition; the latter, however, being also a source of danger to health.

In conclusion, we would point out that the common belief that arsenical colors are restricted to green is by no means correct, for the blues, browns, yellows, and reds are largely contaminated with this poison.—(From Editorial)—*N. Y. Med. Recora*, Feb. 28th.

Toxic Effects of Gelsemium—Coffee and Ammonia.—Dr. Charles Wood, Dover, writes: On May 7th last, I was summoned to a patient I had been attending for neuralgia, by a message stating she was in a fit. On arriving I was informed that, the pain being severe, she had taken within an hour, an eight-ounce mixture containing, besides quinine, two drachms of the tincture of gelsemium. The first symptoms were giddiness, followed by double ptosis, extreme dimness of vision, difficulty in breathing, also in articulating. I was also informed that there had been a transient rigidity of the muscles of the neck, arms, and slightly of the lower extremities. At the time when I saw her, about two hours after taking the mixture, she was very pallid, the face was drawn, there was double ptosis, slightly contracted pupils, and dimness of vision; the pulse was rapid and feeble, and the extremities chilly. The patient complained of numbness in the hands, feet, and lips, succeeded by tingling.

I ordered strong coffee and an ammonia mixture; and, in the course of three hours, the symptoms had entirely disappeared, but the neuralgia had returned more severely than ever.—*British Med. Jour.*, Feb. 7th.

Poisoning by Chlorate of Potash.—A solution of this salt was inadvertently employed in place of lime-water to dilute the condensed milk for a child three weeks old. About 0.75 grammes (10 grains) of salt had been swallowed before symptoms of poisoning appeared. These consisted of lividity of the visible mucous membranes, coldness of the extremities, staring eyes, and scanty secretion of urine, which stained the linen black. Recovery ensued.—(*Schmidt's Jahrbücher*, 1884, Band 201, p. 129.)—*Edinburgh Med. Jour.*, Feb.

Alcoholic, Opium, and Tobacco Excesses—Cocaine.—Cocaine has been found to be a most valuable remedy in opium inebriety, used subcutaneously in 0.1 grain doses three times a day. It has been used with good results to break up the tobacco desire. Dr. Freud, of Vienna, thinks that morphine and cocaine are antagonistic. In dipsomania it has been tried with most excellent results.—*Medical Herald*, Feb.

Intravenous Injection of Milk in Morphine Poisoning.—Dr. M. H. Sears, in a paper read before the Colorado State Medical Society, at the meeting of 1884, recommended the intravenous injection of warm milk in cases of opium or morphine poisoning which seem hopeless under ordinary methods, at the same time noting the danger of attempting to antidote opium with atropia when the quantity of opium or morphine taken is unknown, as is generally the case when they have been taken with suicidal intent. He reports one case which terminated successfully after the injection of eight ounces of milk, the amelioration of desperate symptoms occurring immediately after the injection. In another case there was a temporary amelioration, but ultimate death after four hours' work with a patient who had taken the morphine ten or twelve hours before treatment was instituted. Dr. Sears thinks that a more favorable issue might have been reached if treatment had been commenced earlier.—*St. Louis Cour. Med.*, Feb.

Poisoning by Chlorodyne—Emetics.—A case is reported of a young man who took six drachms of chlorodyne in one draught for the purpose of relieving neuralgia. When seen a quarter of an hour afterward he was drowsy, but able to give an account of what he had done; the pulse was feeble, the hands cold, and the pupils widely dilated. Zinc sulphate and mustard and water failing to induce emesis, the fauces were freely irritated with a feather, which at once caused vomiting, and this was repeated until the stomach was well washed out, draughts of warm water being swallowed in the intervals. Strong coffee was then administered, and the patient kept walking about until the drowsiness had passed off. Next day he was quite well, an escape probably due to a considerable extent to the chlorodyne having been taken immediately after a full meal. A second case is reported in which an ounce and a half, less twenty minims, was administered by mistake to an elderly farmer, who recovered quickly after the action of an emetic. —*London Pharm. Jour.*, Feb. 21st.

Amyl Nitrite in Opium Poisoning.—According to *L'Union Médicale*, a patient who had taken two ounces of laudanum, who was in a comatose condition, with pulse beating only six times per minute, and upon whom belladonna and other remedies had produced no effect, was aroused by inhalations of amyl nitrite, and finally recovered.—*Druggists' Cir.*, Feb.

Lime as a Disinfectant.—Dr. Marshall, of Dublin, Ohio, states that he has found that the best disinfectant, by absorbing the watery vapor of the air and moisture of all organic substances undergoing decomposition in cellars, closets, sleeping apartments, and even privies, is the recently burned carbonate of lime. One barrel will prevent mould in a cellar of common size a whole season.—*Columbus Med. Jour.*

Disinfection of Dwellings and Clothing. — Surgeon G. M. Sternberg (U.S.A.) says for the disinfection of ships, hospitals, and dwellings no agent is likely to supplant sulphurous-acid gas, produced by burning sulphur; for disinfecting clothing which can be washed, nothing better is known to science than the bichloride of mercury. The proportion recommended is one part to 1,000, or one gramme to the litre of water, or about one drachm to the gallon. Articles of clothing to be disinfected should be left in the solution for an hour or two and then washed. For the disinfection of sputa and discharges from the bowels, a solution of corrosive sublimate of twice this strength (two grammes to the litre) and an equal quantity of permanganate of potassium are recommended. The last salt is added as a deodorizer, and to give color to the solution so that it could not be mistaken for water.—*N. Y. Med. Times*. Feb.

Bisulphide of Carbon as an Antiseptic.—M. Pasteur anticipates that bisulphide of carbon will become the most efficacious of all antiseptics, as it is also the cheapest, costing but a fraction of a penny per pound in large quantity. It is also the best insecticide known, and for this purpose may perhaps be useful to preserve woodwork in tropical countries. As first

produced it is very foul smelling, but it is capable of purification till all offensive odor is removed and is sufficiently pure almost to mix with a perfume. It will probably also prove a cheap and valuable disinfectant for disinfecting rooms in which patients have suffered from contagious diseases. Indeed it is recommended by Pasteur and others for this purpose, and as the least injurious to the furniture, or articles of metal in the room.—*Scientific American.*

Philadelphia Ice Worms.—Not content with discovering many species of ugly animalcules in the Schuylkill water, scientists assert that even the ice with which the Schuylkill water is cooled for drinking, swarms with disagreeable worms. At the last meeting of the Academy of Natural Sciences, the president, Dr. Joseph Leidy, stated that a member had recently given to him for examination a vial of water obtained by melting ice used for cooling drinking-water. The member who submitted the vial had noticed living worms in the sediment of a water-cooler, but had supposed that they were contained in the water. Upon melting some of the ice, however, the worms were still observed. These worms, which are from four to six millimetres long and colorless, belong to the same family as the common earth worms—the *Lumbricoidæ*. Their bodies have thirty segments bearing spines. Besides this cheerful discovery, Prof. Leidy found in the vial several dead worms with large ciliated infusoriæ, vegetable hairs, and other debris. —*Gaillard's Med. Jour.*

House-Heating and its Dangers.—Briefly to summarize both the sources of disease and the diseases likely to arise from artificial heating, we have :

1. Vitiated air in sleeping-rooms made thus, and deleterious, through carbonic acid, or the sulphuretted or phosphoretted gases, transpired through overheated iron, producing the morning headache, lassitude, and constipation, or the more serious disorders of the stomach, liver, or skin.

2. Poison germs from unclean cellars, or leaking drains, or of surface air from outside warmed into life and developing diphtheria, typhoid, and typho-malarial fevers, infantile diarrhœas, or the wasting disorders of early childhood, erysipelas, puerperal fever, and the other diseases arising from blood-poisoning.

3. High or suddenly changed temperatures, rebreathing of air in close-shut rooms —producing influenza, catarrh, bronchitis, and consumption. — Dr. Holden in the *Sanitarian.*

Disinfectants for Clothing.—In cases of small-pox, yellow-fever, and some other contagious diseases, the clothing and bedding used by the patient while sick should be burned. In other cases it may be disinfected by thoroughly baking in an oven. Beds should be thoroughly disinfected after every case of contagious disease.

The National Board of Health recommended, a few years ago, for clothing, a solution made of four ounces of zinc sulphate and two ounces of common salt, to the gallon of water. The solution should be made boiling hot, and after the clothes have been placed in it, piece by piece, it should be kept boiling hot until it has permeated every portion of the clothing. If nothing else is possible, clothing which has been exposed should be *thoroughly* boiled before being used again. — *Louv. Med. News*, Feb. 14th.

PARTURIENT.

Diagnostic Errors and Practical Hints.—The following article which Dr. A. B. Tadlock publishes is worthy of note. He says :

"Other things being equal, we should say that a correct diagnostic rule would always lead to correct diagnostic conclusions ; but the crucial tests of experience, even in this day of scientific perfection and wisdom, will occasionally teach us that *rules*, like facts and therories, may be incorrect, though recognized, practised, and taught for ages. In an interesting article by J. W. Long, M.D., he speaks of an arm presentation in a protracted case of labor in which he was consulting physician, as follows : 'Upon making a digital examination I found the little fellow's protruding hand fit my left hand, exactly as though we were shaking hands—thumb to thumb, and palm to palm.' Remembering the rule laid down in the books, the writer adds : 'The diagnosis flashed across my mind in an instant—the child was lying across the pelvis, its head to the right, its back to the front.' Not many years ago a similar case, under very similar circumstances, occurred in my practice, and while 'the indications were plain enough,' as he says, still the

mode of turning according to the rule was not satisfactory, for the reason that the head was directly in the opposite flank from that in which the 'shaking-hands rule' required it to be. The child's hand was turned and lay behind its back. So the exception to the accepted *rule* was verified. This can be easily demonstrated by any one shaking hands with some person whose back is turned towards him.—*Nashville Jour. Med. and Surg.*, Feb.

Anæsthetics in Labor.—Prof. Parvin highly recommends anæsthetics in labor, teaching that they "can be used safely and sometimes actually beneficially, with reference to the duration of labor." Ether is best, chloroform being, in his experience, more likely to be followed by lessened force of pains. The anæsthesia is to be obstetrical, not surgical—sufficient to blunt sensibility to pain rather than to put the will in abeyance. Safety depends on intermittent administration (during pains) and on the fact that uterine contractions stimulate the respiration and cause cerebral congestion. Pain indicates anæsthesia, particularly at the time of complete dilatation of the os, and when the head is passing the vulva. It is more dangerous and should be withheld at the time of the delivery of the hips, in pelvic presentations. If anæsthetics be used, "the great majority of women are better off, get through their labor better, and convalesce better.—*Col. and Clin. Record.* Feb.

Management of New-Born Infants.—[The following editorial appeared in the *World* for February, 1884 (just one year ago), and is now reproduced by special request]:

We recently visited the maternity department of the Woman's Hospital in this city and learned that since last June their management of new-born babes has been as follows: As soon as the head is born the eyes are washed with an antiseptic solution. When the body is born the child is left in the bed to await the expulsion of the placenta. No effort is made to remove the placenta under half or three quarters of an hour; before this time it is generally expelled by nature. When the placenta is expelled it is placed in a pan, and the child is wrapped up and laid away *with the placenta still attached.* The child is now left and all the attention is given to the mother. After the mother is properly cared for, the child receives attention. By this time the pulsations in the cord have long since ceased. The cord is now cut and the blood is "stripped" out of the stump, but neither end is ligated. The stump is not dressed, nor is any band put around the child's body. The child is neither washed nor dressed only a diaper and a simple "slip" or gown is put on and then it is warmly wrapped up and put in a little bed to itself. After twenty-four hours it is taken to the baby's bath-room (which is properly heated) and there it is washed and dressed. Dr. Tyng, the physician in charge, tells us that since this plan has been adopted the babies get along much better We were in the wards of this department about an hour, and during this time we did not hear a single cry from the babies. They all seemed contented and happy and were doing well. We are convinced that washing the child immediately after birth, and keeping it half naked for a long time during the process of careful dressing, is not good practice.—*Med. World*, Feb., 1885.

Puerperal Eclampsia.—Dr. J. F Sullivan regards the first indications to free the bowels by injections, and three drops of croton oil on the tongue. If convulsions continue, inject hypodermically twenty drops of fluid extract of veratrum viride and half a grain of morphia. A full and tense pulse indicates free bleeding. By these means the convulsions become less severe and at longer intervals. After fifteen minutes, if the pulse has not yielded, inject ten drops more of the veratrum, and continue thus till the pulse does yield. His experience is that now the convulsions cease. He does not hasten delivery.—*Med. Bulletin*, Feb.

Rigid Os Uteri—Apomorphine.—Dr. S. H. Stevenson writes of an interview with Dr. Weber of Darmstadt. "Accidentally, the conversation turned upon apomorphine, and the doctor informed me that he had found it a most excellent remedy in chronic asthma, and related a case of some thirty years' standing that had been permanently cured by the administration of one twelfth grain three times daily, gradually increasing the dose to one third grain. The result was obtained in about three weeks. The doctor's brother, who is an obstetrician, had found the remedy very useful in rigid os—not inter-

fering in the least with the normal contractions."—*N. Y. Med. Record.*

Management of the Third Stage of Labor—Gravitation.—C. R. Illingworth, M.D.,Ed., Clayton-le-Moors, writes:

The treatment advocated in the *Journal* of January 3d leaves out of consideration altogether one of the most important forces in nature—that of gravitation. Its aid can only be secured in labor by delivering the patient in the kneeling posture by the side of the bed or a chair. In such a position, no constant hold upon the uterus by the hand is required; it falls into the pelvis by its own weight, and expression or extraction can be employed at leisure, or in the event of a pain. Moreover the patient has then the greatest possible power in expediting the whole process of parturition, because of the fixation of the muscles of the chest, abdomen, and pelvis, secured by the firm position of the elbows and knees. Instruments also can be most easily applied, and with less fuss and exposure than in bed.

The only three cases of *post-partum* hemorrhage which I have had to treat out of 300 consecutive labors were confined in the orthodox or recumbent posture.

I am of the opinion that no one need have any fear of hemorrhage in the kneeling position. It is quite a common thing in this district for the patient to be delivered in the kitchen or one of the lower rooms, and then to walk upstairs to bed immediately after the expulsion of the placenta. Hemorrhage is never expected, even in the most feeble.

Early division of the cord is not spoken of either in the paper or in the discussion. I think it is most important to secure this, in order to arrest the placental circulation at once, and thus favor coagulation in the maternal sinuses.—*British Med. Jour.*

Placenta Previa.—We desire to direct attention to the plan of treatment recommended by Lomer, as we consider it suitable for the great majority of such cases. It may be described briefly thus: Give chloroform, introduce whole hand into vagina, pass one or two fingers through cervix, rupture membranes, turn by bimanual method, bring down a leg, and then trust chiefly to nature's efforts to complete the delivery.—*Canadian Pract.*, Feb.

Diagnostic Sign of Pregnancy in the First Month.—Dr. W. G. Howell, Jr., Germantown, writes:

In your issue of February 7th, under the heading of "A New and Certain Diagnostic Sign of Pregnancy in the First Month," you attribute the discovery to Reinl, the date of the announcement as 1884.

The writer has frequently heard Prof. Goodell refer to it in his clinic at the University, and I would respectfully call your attention to his announcement of the fact on p. 26 in "Goodell's Lessons in Gynecology," Philadelphia, 1880. He says: "A good off-hand rule to remember (in the introduction of the uterine sound) is this: 'When the cervix is as soft as one's lips, the woman is probably pregnant. When it is as hard as the tip of one's nose, the womb is most likely empty.'"—*Phila. Med. News*, Feb. 21st.

Contracted Pelvis—Induction of Premature Labor.—Dr. A. P. Clark gives the following: In a case of narrow or contracted pelvis, where the conjugate diameter did not exceed 2¾ inches, and in which I determined to induce premature labor, at about seven and a half months, I used a medium-sized (No. 14, French scale) olive-tip bougie, introduced carefully while the patient was in Sims' position. The bougie was introduced without rupturing the membranes, and passed across the fundus of the uterus in a spiral or curved direction, and then left for twelve hours, when labor supervened. The labor was completed in six hours, and the infant was alive and did well. The mother made a good recovery.

The plan of inducing premature labor by the introduction of a flexible gum-elastic bougie is evidently a safe and easy method. My experience in the use of sponge tents, even when thoroughly carbolized, for dilating the cervix for any purpose whatever, is unsafe and often leads to irreparable mischief. For a long time I have abandoned their use altogether. The use of a flexible gum-elastic bougie is more scientific. The bougie is cleanly, its presence in the uterine cavity, across the fundus, after a few hours, will often excite healthy and normal uterine contractions. And in any case where any unpleasant or any constitutional disturbances arise from its presence, it can be readily removed by the attendant, or the patient herself, before alarming or serious symptoms supervene. The bougie is also applicable in cases in which it is desirable to induce abortion for the relief of

obstinate vomiting of pregnancy, that sometimes threatens the life of the patient. I have used it for such a purpose, and have found it a most valuable means of emptying the uterus of its contents. Digital dilatation, when carefully and judiciously practised, is also a most valuable means in any case where the emptying of the uterus is urgently and speedily demanded.

An important consideration in a case where the induction of premature labor is required is to ascertain when the time has arrived beyond which pregnancy should not continue. This can only be decided by a careful consideration of the whole history of the case.—*Med. World*, Feb.

Management of Miscarriage.—Dr. W. H. Parish teaches that the placenta at the fourth month can remain in the uterus for some weeks without producing serious symptoms, *but that it will produce serious trouble before it comes away.* He considers it criminal to let the placenta remain until bad symptoms develop, as has been taught by some authors. As an expert, he would call such action *malpractice.* He related the case of a woman where the placenta was left after a miscarriage. Four weeks subsequently, she was seized with severe hemorrhage; but even then her attending physician failed to remove the decomposing placenta. Four days later, Dr. P. was called in consultation; the woman was moribund; the placenta was removed, but the patient died.

The lecturer considers no practice so fallacious as the use of *drugs* for the purpose of emptying the uterus, more especially of a placenta. The weakest portion of this organ is that to which the placenta is usually attached, the strongest being that which includes the contracting fibres of the cervix. Hence when we give ergot, we close up the cervix and incarcerate the placenta; and we also render the introduction of the finger, for purposes of examination, next to impossible. He would not leave the placenta in the uterus more than an hour after a miscarriage.—*Maryland Med. Jour.*, Feb.

How to Administer Quinine to Pregnant Women.—In malarial fevers sometimes we are compelled to give quinine, in large doses, to pregnant women. That there is danger of the quinine producing an abortion or miscarriage, there is no doubt. This is the experience of almost all physicians in malarial countries. To this class of patients we have for the last seven years given every four hours during the time of administering quinine, fl. ext. viburnum prunifolium, in thirty-drop doses. Large doses of quinine may be given, thus combined, without the least danger of producing abortion.—*Georgia Eclectic Med. Jour.*

GYNECIC.

Cysticercus of the Mammary Gland.—Dr. Guermonprez has recently described, in the *Archives de Toxicologie*, a case of cysticercus in the breast. A married woman, aged 29, observed in July 1881, when she was pregnant, a lump on the left breast, which caused her no pain, but that breast secreted no milk after parturition in the following September. In November, the swelling had increased in size, it was carefully and regularly painted with iodine, and remained stationary for a year. In November, 1882, it began to grow larger, and became painful; the skin that covered it appeared to be slightly inflamed. Iodine was then given internally as well as externally, until March, 1883, when, without any special cause, the swelling greatly increased and inflamed, causing severe pain, that radiated along the neck, arm, and thorax, and prevented the patient from pursuing her vocation. Her health became much impaired, and her sleep disturbed. The tumor formed an irregular, tuberous, hard mass, adherent to the integuments; fluctuation was detected in the centre. An operation was performed, and a cysticercus cyst, four centimetres in diameter, was removed. The patient made a good recovery. *British Med. Jour.*

Total Extirpation of the Uterus.—Dr. Muller, of Berne, performs total extirpation of the uterus in the following manner (*Deutsche med. Zeitung*): During the operation the abdominal aorta is compressed, and the uterus turned out through an incision in the posterior wall of the vagina. After securing the broad ligaments and vaginal tissues with provisional ligatures, the uterus is then divided vertically with knife and scissors into a right and a left half, each of which is drawn down and the ligaments secured just as in the treatment of pedicle of uterine polypi, the uterine tissues divided about one centimetre

from the ligature. The wound in Douglas' pouch is not closed, nor is drainage employed, the only dressings being dry carbolized gauze, and daily washing with corrosive sublimate. In the four cases in which the author employed this procedure the result was perfectly satisfactory, probably from the very slight loss of blood which this method entails.—*N. Y. Med. Record.*

Cancerous Growths — Dressing after Removal.—As an application after the removal of a cancerous growth from the uterus, Prof. Parvin advises:

℞ Iodinii,
Brominii . . . āā ʒ j.
Acid. carbolic. crystal. . ℥ ss.
Alcohol. . . . . ʒ j. M.
Sig. Apply by means of absorbent cotton.
—*Col. and Clin. Rec.*, Feb.

Irritable Hymen.—Dr. Angus Macdonald reports the following case:—Mrs. G., aged twenty-six; one year married, no children, but one miscarriage. Admitted to ward 28, complaining of dyspareunia.

Physical Examination.—In the deeper part of the vulva, immediately outside the hymen, and involving it, there are large red, excessively irritable patches, which give rise to extreme pain when touched, and render marital intercourse impossible.

Treatment.—The part was dressed with iodoform for some time; but as this treatment was only partially successful, Dr. Macdonald removed the mucous membrane all round the hymen, and brought the edges together with a continuous catgut suture.

A month later all special irritability had departed from the irritable surfaces, and the patient was dismissed cured.

The above is one of a class that gives considerable trouble to the gynecologist. I acted upon the suggestion of the late Dr. Marion Sims, and removed the irritable hymen and adjacent tissues with the knife. To get rid of capillary oozing, I brought the surfaces together with continuous catgut suture. The patient did well, and went out apparently cured. — *Edinburgh Med. Jour.*

Ergot as a Means of Diagnosis.—Dr. J. W. Elliot, in reporting five cases of ovariotomy in the Boston Medical and Surgical Journal, January 29th, notes a use of ergot which seems original with him. There was a very hard immovable tumor larger than a hen's egg in the hollow of the sacrum somewhat to the right side. The uterus was three and a half inches deep and in left lateral retroversion. The tumor and uterus seemed blended into one mass. It was very difficult to determine what the tumor was and to what it was attached. To assist in determining this point Dr. Elliott administered ergotin pills until the uterus became fully and firmly contracted, when he found that organ harder than the tumor and of decidedly different consistency, from which he was led to conclude that the tumor was not growing from the uterus, but only crowded against it.—*Chicago Med. Rev.*, Feb. 21st.

Irritable Bladder in the Female.—Dr. Erich read, as appointed (Baltimore Medical Association), a paper on the above subject. He depends largely on Dover's powder. After the urine becomes alkaline, the following has been found serviceable:

℞ Benzoic acid . . . ʒ j.
Biborate sodæ . . . ʒ iss.
Aquæ . . . . . ℥ vj.
M. Sig. A tablespoonful three or four times a day.

Dr. Gibbons mentioned a case of chronic cystitis in which benzoic acid, as recommended by Dr. Erich, was used with success.

Dr. Roseberry had used the same remedy with good results.

Dr. P. C. Williams said the female urethra admits of very great dilatation. Some time ago he had met with a case in which the vaginal speculum easily entered the urethra. He suggested injecting benzoic acid into the bladder instead of giving it by mouth.—*Md. Med. Jour.*

Points in Ovariotomy.—Dr. D. A. K. Steele, of Chicago, emphasizes the following points in ovariotomy: 1. Always count the sponges used in operation. 2. Observe absolute cleanliness. 3. Peritonitis is not a contra-indication of either tapping or ovariotomy. 4. Cystic fluid left in the peritoneal cavity is dangerous and likely to cause pyæmia, but blood is probably innocuous. 5. A rubber blanket fastened to the patient with a central fenestra through which to operate is useless; small tin basins for the waste being preferable, as they can easily be changed. 6. Each case calls for special judgment and attention to every detail.—*Chicago Med. Jour. and Exam.*

Foreign Body in the Breast.—M. Desprès, at the Charité (*Gazette des Hôpitaux*), adverted to the case of a young

woman who had been under treatment for abscess of the breast. It was opened, but did not progress satisfactorily, a deep-seated induration, attended by sharp pains, being present. All the patient could state was that she had received a blow; and the persistency of the suppuration was attributed to a partial adenitis. Examining the abscess again, some days afterward, Dr. Desprès drew out from amidst the discharge a fragment of clothing, and, pressing on the breast, forced out two small hard bodies, which proved to be two fragments of matches, a centimetre in length. The patient now remembered that at the time she was struck on the breast she fell to the ground, having at the time three or four matches in her hand. There are few cases of foreign bodies in the breast on record, but their possibility must be borne in mind in chronic abcesses of the organ.—*London Med. Times*, Feb. 14th.

Tuberculosis of the Uterus.—Dr. W. J. Jones, of Baltimore, calls attention to this condition, which, though comparatively rare, yet has not received that attention from gynecological authors to which it is entitled. The clinical diagnosis can be based upon a persistent leuchorrhœal discharge and other symptoms which would point to uterine troubles; and in any patient of a tuberculous tendency, in which these symptoms are present, we should be led strongly to suspect an involvement of the genital organs. The diagnosis is often aided by the expulsion of caseous masses from the uterus. The author evidently agrees with Koch, for he considers the discovery of the bacilli in the secretions a sure means of diagnosis. In the event of such a case found during life, before the secondary involvement of the surrounding tissues has taken place, a knowledge of how to treat it will present itself for consideration. The authorities which he has examined upon that part of the subject have little or nothing to say. Good hygienic surroundings, tonics, and good food, and perhaps the use of iodoform topically, might at least keep the disease at bay, and thus prolong the patient's life.—*N. Y. Med. Record*, Feb. 7th.

Treatment of Epithelioma of the Neck of the Uterus. — Dr. Chéron (*Journal de Thérapeutique*), referring to the Italian experiences with this practice, employs the nitrate of lead in ulcerating epithelioma of the uterine neck. After cleansing the surface with charpie moistened with glycerine, or washing out the canal with perchloride of iron solution, if there is much oozing of blood, he applies to the ulcerated surface with an insufflator the following powder: Plumbi nitrat. purif., ʒ i.; lycopodii, ʒ ij. The powder is kept in position by a suitable tampon. Under the action of this preparation the suppuration diminishes sensibly and the odor disappears. The hemorrhages are also suppressed. After twelve or fifteen of these applications, the engorgement of the culde-sac diminishes, and the general health is greatly improved.—*Canadian Pract.*, Feb.

Vaginal Examinations. — Speaking of the differences between physicians in making vaginal examinations, Emmet says: "One will proceed with as much vigor as if he were boring a hole, and find little more than the cervix which feels like an obstruction in his way. He gains no information of importance, and inflicts unnecessary pain on the patient. Another in less time will pass his finger lightly over every portion of the vagina, and quickly ascertain enough to enable him to fully understand the case, without having caused any pain. The manner in which I have sometimes seen this examination made even by men of experience can be described only as brutal; the amount of suffering they needlessly inflict, and the want of tact evinced by them, ought to debar them from the practice of any branch of the profession."—*Detroit Lancet*, Feb.

Inflamed Mamma.—(Dr. Whitla, Belfast):

℞ Ext. belladonnæ . . ʒ j.
Glycerin. . . . . q.s.

Fiat applicat. Sig. A little to be spread upon lint and applied to the inflamed breast and covered with oiled silk.

—*Med. Bulletin.*

Emmenagogue — Permanganate Potass.—Prof. Bartholow thinks that the permanganate of potassium is the most efficient emmenagogue of the materia medica. —*Col. and Clin. Record*, Dec.

Metrorrhagia and Menorrahagia. —In Prof. Bartholow's experience, metrorrhagia produced by fibroids or fungus granulations is much more decidedly held in check by diluted sulphuric acid than by ergot; while menorrhagia dependent upon ovarian excitement is generally more quick-

ly relieved by bromide of potassium.—*Col. and Clin. Record*, Feb.

PEDIATRIC.

New Plan of Operating upon Meningocele.—Mr. Noble Smith describes a plan by which the risk of injecting fluid beyond the sac of a meningocele is reduced to a minimum. A child, aged fourteen days, was sent to Mr. Smith, with a meningocele at the back of the head. Pressure was applied for two months without success. Then the following operation was performed. The sac was emptied by pressure, and its two sides held together between the finger and thumb. A hypodermic syringe was thrust through the sac as it was thus held, the point being directed just to one side of the median line, care being taken that the point did not enter the cavity of the sac, but into its wall close to the lining membrane. Only eight minims of iodoglycerine were injected. The child cried for about two hours afterward, then fell asleep, and woke up seeming quite comfortable. After six weeks the tumor was again injected, and in a few days it felt firm, as if it were consolidating, and more iodine was injected; this operation was repeated on three or four subsequent occasions, a complete cure resulting in about six months from the first injection. Mr. Smith concludes by saying that, if the injection be made into the walls of the sac, the iodine is not only prevented from entering into the cavity of the skull, but the part which requires to be acted upon, the sac, is influenced directly.—*London Med. Record.*

Infant Feeding.—Infant mortality everywhere is closely connected with infant feeding. In Norway, and in the Faroe Islands, where the smallest mortality among infants exists, they are invariably breast-fed, while in Bavaria and Iceland, where the mortality among infants is greatest, they are chiefly fed on cows' milk and farinaceous foods.

It is a fact full of practical instruction that, during the Franco-German War, when, by the sufferings of starvation in Paris caused by the siege, the general mortality of the population was doubled, that of the infants was reduced forty per cent. by the mothers being compelled to suckle their babies instead of feeding them artificially.

In times of famine in various places, where mothers have been obliged to suckle their infants, even though themselves restricted to a scanty supply of food, and not always of a wholesome kind, the improved vitality of infants has been the invariable result; demonstrating that even poor breast food is superior to the best artificial feeding.—*Sanitarian.*

Patent Urachus—Operation.—Mr. Garrard introduced to the Sheffield Medico-Chirurgical Society a patient, five months old, who had been the subject of patent urachus, of unusually large size. It was about the size of a man's urethra, and a full-sized catheter could be introduced into the bladder. Urine came through the opening, and sometimes all passed in this way; the navel looked like a ripe strawberry. Two weeks before, he had ligatured the protruding portion, and, after paring the edges, had closed the orifice by means of quilled and superficial sutures. It was now practically healed, and no urine had escaped since the operation.—*British Med. Jour.*

Treatment of Empyema.—Dr. Gwynne read a paper at the Sheffield Medico-Chir. Soc., and gave notes of four cases in children that came under his care during the latter half of last year. He advocated the choice of the seventh right and eighth left interspaces for paracentesis, behind the line of the axilla, as these points were well above the highest level of the diaphragm in forced expiration. He laid great stress upon keeping the pus aseptic, as few patients bore well frequent washings of the pleural cavity. He preferred using a trocar and cannula to the incision with a knife, as being more cleanly, and allowing more control over the too rapid escape of the pus, and permitting the easy introduction of the drainage tube through the cannula. A double opening was rarely necessary or desirable. He believed that the drainage tube was often kept in far longer than was necessary, keeping up by its presence much irritation and discharge. In children, he thought, there was nothing gained by too early opening, as frequently, at first, the empyema was multilocular, and some delay broke down adhesions and made it unilocular—a matter of no small importance when drainage was established. He believed that, in the great majority of cases in children, empyema was not pre-

ceded by serous effusion.—*British Med. Jour.*, Feb. 14th.

Splenic Anæmia Treated by Phosphorus.—Mr. T. Jenner Verrall, at Soc. Southeastern Branch, East Surrey Dist., read notes of a rickety child, aged fourteen months, who was first seen in the middle of October, 1883. The spleen occupied the whole of the left side of the abdomen, extending forward nearly to the umbilicus and backward to the spine. The blood examined was very pale ; about thirty white corpuscles could be counted in the microscopic field. Under Parrish's food and cod-liver oil the child grew worse, losing flesh rapidly. At the end of a month Parrish's food was discontinued, and to the teaspoonful of oil was added a minim of the oleum phosphoratum of the *British Pharmacopœia*, twice a day. From this time the child improved. The diet ordinarily given to children of the age was not allowed, except that the juice of an ounce of raw beef was given daily for about five weeks ; but even this small change was not made until the phosphorus had been taken for a fortnight, and had already produced an effect. The spleen diminished in size and hardness, till, on March 12, 1884, when the phosphorus was given up, it measured about four inches in length and depth, and was soft and movable. Very few white cells could be seen, and the blood was much darker. The improvement was permanent, the child being under observation for six months longer, growing, and gaining flesh. Mr. Verrall pointed out that this case was an exception to the rule laid down by Sir W. Jenner, that enlargement of the spleen in rickets was always due to albuminoid infiltration, and was unaccompanied by any increased number of white cells. He believed the evil lay in deficiency of nerve power, for which the phosphorus would be an appropriate remedy. He attached great importance to the smallness of the dose, and to the length of time over which the treatment extended.—*British Med. Jour.*, Jan. 3d.

Ovariotomy in a Child Twenty Months Old.—Dr. Roemer, Berlin (*Berl. klin. Woch.*) : At the birth of the child the midwife observed a peculiar extension of the abdomen. Nine months later the parents first noticed an abnormal condition which they thought was due to curvature of the spine, *spina dorsi introrsum.*

On examination an easily movable, perceptibly fluctuating tumor, which also contained resisting portions, was found extending from the pelvis. The tumor was diagnosed as a cyst before the operation. When the child was twenty months old, a right ovarian tumor, larger than a child's head, was removed by laparotomy.

The wound healed by first intention, and the child recovered very rapidly without having any fever whatever.

On microscopically examining the tumor Dr. Israel diagnosticated it a teratom, which consisted chiefly of connective tissue with hyaline cartilage. Within the cartilaginous masses were found osteoid tissues, and perfect bones containing marrow cavities. The tumor was composed of one large and several smaller cysts.—*Physician and Surgeon*, Feb.

Diabetes Mellitus in Children.—John Harker, M.D., writes : In May, 1881, I was consulted as to a little boy, aged 2 years, the child of stalwart, healthy parents. From being a healthy plump child, he had lately become thin in habit, and at the same time fretful and weak. I could not immediately discover any cause for this change ; and, as the infant passed urine in considerably larger quantities than normal, I obtained a specimen, and discovered that the child was suffering from diabetes. The persons who nursed him had been in the habit of giving him bread and butter thickly spread over with coarse brown cane-sugar. This I ordered to be discontinued, and the child's milk-porridge not to be sweetened, and animal broths to be given. Benefit was also, I think, derived from the medicine prescribed, namely, at first morphia, to relieve the fretfulness and restlessness, and to check the excessive urinary secretion ; and afterwards strychnia, as a nervine tonic. Of course, these remedies were cautiously administered. The child recovered.—*British Med. Jour.*, Feb. 21st.

Teething and Diarrhœa of Infants—Cocaine.—Dr. James Erwin Baker, of Lancaster, Pa., praises cocaine for its quieting effect in the peevishness of teething infants, and for its value in procuring sleep in such cases, not only for the baby, but for its parents as well. He writes that he used the drug in the case of his own child, who was cutting his first teeth, and—was very restless and irritable. A four-per-cent. solution was rubbed on the mucous mem-

brane firmly by means of absorbent cotton. "After two applications, two minutes apart, the child ceased screaming, went to sleep within five minutes, and slept for three hours uninterruptedly." During the following day two applications were made with the result of quieting the child almost instantly, and without inducing any bad effects. A certain stiffness of the tongue was noticed after the application, due probably to the anæsthetic effect of the drug. A whitening of the mucous membrane, caused by the capillary contraction, was also observed. Dr. Baker adds that the results obtained in this case suggest the employment of cocaine in the diarrhœa due to the reflex irritation from teething, and he proposes to try it at the earliest opportunity.—*N. Y. Med. Record*, Feb. 14th.

Urinary Incontinence in Childhood.—John Porter, M.D., McKeesport, Pa., writes: My experience with belladonna, cantharides, rhus aromat., etc., has not been satisfactory. I have, however, looked at this subject from another point of view, and acted on the theory that the complaint is frequently an epilepsy of the bladder; and as I had found pot. bromide an abortive remedy during the early stages of epilepsy, I reasoned that it might also be valuable in this complaint. The following will be found a convenient and pleasant mode of administration for a patient ten years of age:

℞	Pot. bromid. . . .	ʒ iss. to ʒ ii.
	Tr. nucis vom. . . .	♏ viii.
	Syr. zingib.,	
	Aq. rosæ	āā ʒ i.

Teaspoonful after dinner and supper, in water. The nux vomica is added as a nerve tonic.

Of course the absence of all structural lesions must be ascertained, particularly a contracted condition of the prepuce; the regimen of the most nourishing nature; and the mother or nurse instructed to see that the bladder is emptied at bedtime.—*Therap. Gaz.*

Suppression of Urine—Pilocarpine.—Dr. Paxon reports a case of a boy six years of age and exceedingly anæmic, to whom he was called on the 5th of January with the history of not having passed any urine for two days. The catheter was easily passed, but no urine was found in the bladder. This state of affairs continued until the 8th, when the child vomited, and began to have a sleepy appearance. At this time a somewhat fluctuating tumor, the size of a lemon, was discovered in the lumbar region, between the kidneys. Injections of pilocarpine were then given, and on the 9th the tumor disappeared, and the child passed with great difficulty 538 grammes of very dark urine. Two days later suppression for twenty-four hours again occurred, but on the pilocarpine injections again being renewed the secretion of urine became normal, and has since continued to be so.—*Boston Med. and Surg. Jour.*

Incontinence of Urine in Childhood.—Dr. Eustace Smith in his recent work on children gives the following:

℞	Tr. belladon.	f ʒ i.
	Potas. brom.	gr. x.
	Infus. digitalis	f ʒ ij.
	Aq. . . . . q. s. ad.	f ʒ ss.

This in one dose.

He adds strychnia when the affection occurs both day and night. This author finds a great tolerance of belladonna in children, and believes that it should be pushed to its toxic effect when the case does not yield readily.—*Med. Bulletin*, Feb.

SURGICAL.

Rupture of Veins.—The accidental rupture of a superficial varicose vein is an accident of so frequent occurrence that few practitioners of long standing have failed to meet with an example. The rupture of internal veins of any size, in the absence of serious accidental injury of neighboring parts, is of so infrequent occurrence that few practitioners have ever thought of its possibility. The rupture of an artery giving rise to traumatic aneurism is a well-recognized accident, but there are many reasons why the veins should escape similar injuries. The fact that veins are liable to rupture, and that a ruptured vein may behave like a ruptured artery, causing an affection analogous to that named traumatic false aneurism, and requiring similar treatment for its relief, is set forth in an article by Dr. Henry B. Sands.

The case which drew Dr. Sands' attention to the subject was briefly as follows: A gentleman, fifty-one years of age, while walking in the street was suddenly seized with a sharp pain in the left thigh, so severe as to compel him to return home in a

carriage. On the following day slight swelling of the thigh was noticed, and three or four days later ecchymosis of the upper and anterior portion of the thigh and of the scrotum. Continued pain, increasing swelling, and extensive discoloration marked the progress of the case for the next two months. No positive diagnosis was reached. It was imagined to be scorbutic; it was suspected to be a traumatic aneurism. Two months after the attack the swelling occupied the inner and posterior portions of the upper two thirds of the thigh, the affected limb being six inches greater than its fellow. The skin covering the tumor was stained in various hues by blood which had evidently come from a deep-seated extravasation. Much of the swelling was indurated, but fluctuation was well marked at its lower and inner part. At first sight it seemed to pulsate, but careful examination showed that the pulsation was limited to the femoral artery, which could be seen and felt beating from Scarpa's space as far down as the lower end of Hunter's canal, which had apparently become superficial in consequence of a displacement of the sartorius muscle from the pressure of the swelling beneath it. The tension of the tumor was only moderate, but the patient alleged that at times it had been very great—an item of the history which attracted little attention, but which was subsequently shown to be of great importance. No thrill or murmur could be detected, nor did compression cause reduction in its bulk. Pulsation could be felt in the arteries below the tumor. A hypodermic syringe withdrew dark-colored semi-fluid blood, but no pus. The effusion was recognized as coming from a vein, and absorption was still hoped for; but seventeen days later, suppuration being again suspected and some indications of septic poisoning appearing, it was decided to lay the tumor open by free incision; but during the administration of ether it suddenly grew large and became exceedingly firm and elastic. Such a change could be accounted for only upon the supposition that he cavity communicated directly with ome large blood-vessel. On incision the welling was found to be filled with blood, mostly coagulated. Most of the coagula were soft and dark-colored, but a globular nass, about the size of a lemon, which escaped last, was light in color, quite firm, nd distinctly laminated. An elastic tourniquet allowed a satisfactory inspection of the cavity, at the bottom of which blood was seen trickling from a lateral opening in a vein of considerable size. The direction and situation of the vein was that of the venæ comites of the profunda artery, and a ligature was applied above and below the opening by means of an aneurism needle. Four months afterward the patient was entirely well. In this case the absence of cardiac lesion, external violence, or unusual muscular exertion warrants the suspicion that the vein was abnormally weak at the seat of rupture, which suspicion is corroborated by a varicose condition of the long saphena vein of the opposite limb.

The alteration in tension, which can be due only to a fresh extravasation, affords almost positive evidence of communication between an open blood-vessel and the sac, and must be regarded as the diagnostic mark which allows the exclusion of an ordinary hæmatoma.

A *résumé* of the scattered literature of the subject accompanies the report of this case, and shows that some very remarkable examples of this accident have been recorded.—*Boston Med. and Surg. Jour.*, Feb. 26th.

Extensive Burn of the Knee-Joint.—Dr. W. Daly, of Pittsburg, gives the notes of a case in which conservative surgery was practised with considerable success. A powerfully built man, aged forty-one, was driving an engine at a high speed, when it was precipitated over an embankment, and he was buried beneath the fire-box of the engine for some hours. On being taken out it was found that the left leg had sustained severe damage from the long-continued roasting it had received whilst under the fire-box. All the anterior and lateral surface of the left leg, about and below the knee, was a mass of charred tissue; the tibia and fibula were laid bare, the patella was completely detached, and the knee-joint was laid open. The patient refused to have any operation performed; the leg was therefore placed in a fracture-box and the wound dressed with carbolized oil. The dressings were frequently changd, and good diet was given. Some pieces of dead bone were removed with a sharp chisel; and ten months after the accident the wound had nearly healed, and in a few weeks the patient was walking about with a most useful limb.—*British Med. Jour.*

Repair of Destroyed Tendons.—In the sitting of the Berlin Medical Society Dr. Gluck reported on a patient whom he had shown to the Society in February last, in whom the tendons of the extensor communis digitorum and the extensor indicis had been destroyed by a phlegmonous affection of the back of the hand. The place of the tendon was supplied by a plait of catgut fibres, extending from the metacarpo-phalangeal articulation to the transverse dorsal carpal ligament. The operation had succeeded perfectly, the functions of the missing tendons being now completely performed, ten months after. Dr. Gluck then showed another patient, aged seventy-six, on whom he had performed the same operation in June, rather less extensively, but with equally good results. He believes that the irritation of function exerts a regenerative influence on the catgut, so that, instead of being absorbed, it becomes organized. He has tried a similar experiment with divided nerves, by stitching them to the ends of a decalcified bone drainage tube, with the result that they became united. This method is recommended also by Prof. Vendoit, of Liege, and called by him "névrotisation du tube osseux." Dr. Gluck strongly recommended both operations.—*London Med. Record*, Feb.

Trephining of the Frontal Sinuses for Catarrhal Diseases.—Professor A. Ogston, of Aberdeen, calls attention to catarrhal disease of the mucous membrane lining the frontal sinuses. This disease, he states, is accompanied by symptoms that distinctly indicate its existence, are often so severe as to call urgently for a remedy, and are curable by trephining. Catarrh of the frontal sinus, according to the author's experience, has no special connection with catarrh of the Schneiderian membrane, either in the form of acute coryza or in that of chronic inflammation. The symptoms of the disease are uneasiness and pain in the situation of the frontal sinus, and a discharge of pus from the nostrils, not abundant nor continual, but simply an occasional escape of small quantities of thick pus. No swelling or discoloration is perceptible over the situation of the frontal sinuses, but firm digital pressure elicits tenderness there. The symptoms are due to *retention*, and are such as are found in empyema of the antrum. A free cut being needed, and as there is no possibility of introducing a probe into the frontal sinuses from below, the only expedient is to open these sinuses from the brow, ensure the patency of the opening into the nose, and apply such measures as seem called for to the mucous membrane lining the interior of the cavities. In the operation a single vertical incision, an inch and a half in length, is made down to the bone over the nasal eminence of the frontal bone. The periosteum having been divided and pushed back, a trephine crown, of the size of a sixpenny-piece, is applied on the middle line. The exposed mucous membrane is now incised, and is found to be thickened and granular, and to inclose mucus, pus, or muco-pus. The orifice leading to the nose is now dilated, and a drainage tube, of the size of a crow-quill, or even larger, is pushed down so as to emerge at the nostrils, while its upper end is left in the cavity. Of late, the author has not trusted to drainage alone, but has removed with a sharp spoon or curette the diseased mucous membrane, and cauterized such soft parts as remained by brushing out the sinuses with a strong solution of chloride of zinc. The upper end of the drainage tube lies in the sinus, and does not emerge on the brow. The skin wound is then closed over the sinuses, and unites by first intention.—*London Med. Record*, Feb.

Short Lessons in Surgery.—A child of four had the index finger cut from the hand at the first phalanx by a chopping-knife; a narrow piece of skin alone held the mangled end to the finger. As I (Dr. Fave, in *Jour. de méd.*) dislike to perform any surgical operation at night, which might be avoided, I brought the parts together and kept them in place with a couple of corset bones. On the following day when I moved the dressing the wound was in such a satisfactory condition that I renewed my styrax dressing and replaced the mechanical dressing, leaving my decision as to what course to take until the following day. Within three or four days from the time of injury I assured the parents that the finger could be saved. In ten days the finger was able to execute certain limited extended movements, and in one month the injury was healed and cicatrized. —*Med. Herald*, Feb.

Save the Fingers.—Dr. William D. Ronaldson, of Philadelphia, writing to us

on the subject of conservative surgery, reports two cases which show it is often better not to yield to the impulse to cut off a bad-looking finger. A. B., a brakeman on a railroad train, had his finger caught between the bumpers of the cars while endeavoring to couple them. The nail and flesh were torn completely off, leaving the distal extremity of the bone exposed. The injury was of such a nature that amputation of the ungual phalanx would have been permissible, but having cleansed the wound thoroughly with tepid water, a dressing of carbolized oil (1 to 15) and vaseline was applied. The finger healed in three weeks, and, except for the loss of the nail, was as serviceable as before. The second case was similar to this one in treatment and results.—*N. Y. Med. Record*, Feb. 14th.

New Dressing For Wounds.—M. Marc Sée has invented a fresh dressing. He has tested it three times after excision of the breast, and speaks confidently of its success. When the operation is finished, the surface of the wound is powdered with bismuth, which arrests all oozing, and favors cicatrization; it is then covered with layers of cellulose impregnated with carbolic acid, upon which is placed a thick layer of cotton-wool; a tarlatan bandage is then placed upon it, and an india-rubber one is superposed. Before the dressing is completed, M. Sée places sutures, both deep and superficial, and drainage tubes, which are easily removed by means of a thread which is attached to them.—*Brit. Med. Journal.*

Corrosive Sublimate Injections in Joint Diseases. — Vogt (*Centralbl. f. Chir.*) employs a solution of the bichloride 1½ gr., chloride of sodium 15 grs., water 12 drachms. He injects 45 to 75 minims in different parts of the joint. He repeated this every four days.—*Med. Bulletin*, Feb.

Antiseptic Steam-Irrigation of Foul Wounds.—Mr. Leighton Kesteven brings before the profession a new *modus operandi* of a remedy now possessed by nearly every medical man. The method is as follows: A steam-spray is charged with a solution of eucalyptus oil, and is brought to play at a close distance directly on the wound for long-continued periods. The advantages claimed for this very simple modification of an acknowledged plan of treatment are: 1, mechanical, but gentle and efficient, cleansing of foul wounds; 2, ease of pain; 3. obviation, to a large extent, of the disagreeables of dressing, especially in household cases; 4, perfect deodorization; 5, undoubted acceleration of the reparative process; 6, the most important result of antiseptic dressing, destruction of germs, being more thoroughly effected by greater permeation.—*London Med. Record*, Feb.

Legal Status of Antiseptic Surgery.—In Germany the papers report a recent case where a physician used the old methods of treating wounds, instead of the modern antiseptic dressings, and the patient died under circumstances making it probable that if a different treatment had been adopted his life would have been saved. The physician was sued for malpractice, and convicted, the court holding that "every practitioner should keep himself informed on the accomplished progress of science, and have an exact knowledge of modern systems of treatment.—*Phila. Med. Times.*

Cannabis Indica as a Local Anæsthetic.—A. Aaronson writes, in the *British Journal of Dental Science*, that tincture of cannabis indica as a local anæsthetic is perfectly satisfactory. He has extracted with its aid as many as twenty-two teeth at one sitting. His plan is to dilute the tincture some three to five times, according to the probable duration of the operation. The diluted tincture is then applied in cotton-wool to cavities, if such exist, and also about the gums of the affected teeth. The beaks of the extracting forceps are also, after being warmed, dipped in the diluted tincture. In cold weather it is wise to dilute the cannabis indica.—*N. Y. Med. Record*, Feb. 14th.

Gangrene.—Prof. Gross formulates the following: "In gangrene, due to changes in the walls of the blood-vessels (calcification, etc.), amputate before the line of demarcation forms, as absorption of putrid material is in progress.—*Col. and Clin. Record*, Feb.

Rheumatism. — For controlling the pain in acute articular rheumatism the following ointment is extensively used in Bellevue Hospital:

Hydrate chloral	ʒ j.
Ac. salicylic	ʒ iss.
Ung. stramonium	℥ j.

—*Louv. Med. News*, Feb. 21st.

MISCELLANEA.

Marasmus—Vitalized Phosphites.—A. D., a little girl nine months old, was dying with marasmus, having been given up by three physicians. I was called to see her, and although I had no hope of her recovery, I gave her a "sugar teat," made with vitalized phosphites, because she was constantly smacking her lips and sucking. The "sugar teat" gave great comfort and kept her quiet. One was kept in her mouth all the time, made of four parts of sugar to one of vitalized phosphites. By the next morning when I saw her she had nursed several times.

The vitalized phosphites has been continued and she has gradually and steadily recovered. There can be no doubt that the good effect of the remedy in this case was the cause of her recovery, as when first seen she seemed beyond the reach of medicine. It seems to me that in this case the vitalized phosphites acted as a special tonic to the pneumogastric nerve.—O. R.

Peptonized Cod-Liver Oil.—This valuable form of cod-liver oil is prepared by Messrs. Reed & Carnrick, of New York City. It is a combination of pure cod-liver oil and condensed milk digested, the oil being artificially prepared for assimilation with nature's emulsifier—pancreatine, instead of gums, alkalies, Irish moss, and water. It will keep indefinitely, having been tested for over a year at a decomposable temperature. It is prepared with milk and also with hypophosphite of lime and soda.—*Med. and Surg. Rep.*

Impermeable Carrageen Poultice.—We have received from Mr. Barnes, of Trevor Terrace, Knightsbridge, specimens of the impermeable carrageen poultice, composed of carrageen, glycerine, and thymol. Experience has shown that the mucilaginous Irish moss, combined with glycerine and the antiseptic thymol, makes an excellent poultice. It is spread upon a light impermeable material, has great keeping properties, retains a moist surface, and is always ready for use. This poultice offers exceptional advantages, both in point of facility for the application of lotions, liniments, etc., the poultice simply requiring to be sprinkled with water before using, and also from its power of retaining moist heat, its adhesiveness, pliability, portability, and light weight. The poultice is also prepared with the addition of ten per cent. of carbolic acid, and with ten per cent. of chrysophanic acid.—*British Med. Jour.*

Uterine Supporter.—The McIntosh instrument can be worn at all times, will not interfere with nature's necessities, will not corrode, and is lighter than metal. It will answer for all cases of anteversion, retroversion, or any flexion of the womb, and is used by the leading physicians with unfailing success, even in the most difficult cases.

Cocaine in Dentistry.—W. P. Horton, Jr., of Cleveland, O., has inserted a few drops of the four-per-cent. solution of muriate of cocaine into the cavity of a sensitive tooth, and a few minutes afterward he used the dental engine without pain.—*Med. and Surg. Rep.*

Diffusible Tonic.—"Vin Mariani" supplies exactly what physicians have so long felt the need of in their practice: a perfectly reliable diffusible tonic and stimulant, without any unpleasant reaction; a strengthener of the entire system, and the most excellent adjuvant in the treatment of disease, asserted on the authority of the most eminent members of the medical profession of Europe, after thorough and severe tests for a number of years, with best of results in every instance.

Citrate of Ammonia is a much more pleasant remedy than the acetate, unless the latter is made with remarkably good vinegar, or pure dilute acetic acid.—*N. Y. Record*, Feb. 28th.

Amyl Formula.—Dr. Richardson gives a formula for the administration of amyl nitrite by the mouth:

℞	Amyl nitrite, pure	♏xxxv.
	Ethylic alcohol (sp. gr. 830), .	ʒ v.
	Pure glycerine	℥ iss.

To make a mixture of twelve doses. One fluid drachm to be taken in a wineglassful of warm water. In asthma this method is specially recommended.

—*Asclepiad.*

Alum acts as an astringent by forming insoluble compounds with albumen, gelatine, and casein. Some give it in an excess of dilute sulphuric acid, especially in painters' or lead colic, for which it has been used for over one hundred years. It mitigates pain, relieves flatulence, and generally acts with certainty as an aperient. It is also a far better germicide than sulphate of iron.—*N. Y. Record*, Feb. 28th.

Mouth Wash.

℞ Salicylic acid,
Chlo. potash,
Bi-sulphate soda . . . . āā 3j.
Glycerine,
Water. . . . . āā ℥viij.
Ft. sol. M.

Sig.—Teaspoonful to rinse mouth every one to three hours—the mouth being just previously rinsed with plain water.—*Med. Summary.*

Mellin's Food.—Dr. Eustace Smith, of London, physician to the Children's Hospital, and author of "Wasting Diseases of Infants and Children," says: "Mellin's food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."—*Louv. Med. News.*

Excellent Counter-Irritant.—Theodore Ellwood, M.D., Hartford, Conn., writes: Some years ago I saw the following counter-irritant in one of the medical journals (which one I now forget), and which in certain classes of cases I have found very beneficial:

℞ Oleum tiglii . . . . . 3j.
Ether sulph. . . . . 3ij.
Tr. iodine . . . . . 3v.
M. S.

This excellent counter-irritant is applicable where it is not necessary to produce too much effect. It is particularly nice for children.

The other prescription is stronger and is intended for cases where the doctor wants a more decided effect:

℞ Oleum tiglii . . . . . 3ij.
Ether fort. . . . . 3vj.
Tr. iodine . . . . . 3ij.
Pot. iodine . . . . . ℈j.
Iodine resub. . . . . grs. x.
M. S. Counter-Irritant Fort.

—*New Eng. Med. Mo.*, Feb.

Lithiasis.—A case, eighteen months' standing, with distressing local and constitutional symptoms and heavy deposit of uric acid daily in the urine, is reported cured in three weeks, under doses of one drachm of Lambert's hydrangea, three times a day, by Dr. George T. Snead, Princess Ann C. H., Va.—*Louv. Med. News.*

Impervious Corks.—Corks may be made impervious by soaking them—best quality—for several hours in a solution of one half ounce of glue or gelatine in a mixture of three fourths ounce of glycerine and one pint of water, heated to a temperature of about 50° C. Such prepared corks may be rendered nearly proof against acids and other chemicals if they are dipped, after thorough drying, for ten or fifteen minutes into a melted mixture of four parts of paraffine and one part of vaseline.—*N. Y. Record*, Feb. 14th.

Obesity.—There are now four plans for reducing obesity. 1. The eating of nothing containing starch, sugar, or fat, called the Banting system. 2. The eating of fat, but not sugar or starch, called the German Banting. 3. The clothing in wool and sleeping in flannel blankets instead of sheets, the Munich system. 4. Not eating and drinking at the same time, or rather with a couple of hours between the eating and the drinking,—Schweninger system.—*Detroit Lancet*, Feb.

Aconitine for Anæsthetizing Sensitive Dentine.—Dr. Anton Kozma, of Buda-Pesth, reports that a small piece of Japanese paper, 3 to 4 mm. square, saturated with 3 mgrm. of aconitine and pressed into the hollow tooth, previously cleaned out and dried, and then covered with an occlusive covering of gutta-percha, anæsthetizes the sensitive dentine that renders operations on carious teeth so painful. The larger the quantity of aconitine employed the more quickly is the desired effect produced and the longer it lasts. The effect generally continues for from twenty-four to forty-eight hours.—*Lond. M. Press.*

Diarrhœa in Infants.—Jensen's pepsin, if combined with quinine, rhubarb, and soda bicarbonatis, is certain and sure in its action. During the summer of 1883 the writer used it in diarrhœal diseases of infants with satisfaction. Lemon juice is an excellent solvent for the same when a liquid is preferred.—*Med. Summary*, Feb.

Uva Ursi in Gonorrhœa.—Paschkis has found that the solid extract of uva ursi, given in fifteen-grain doses, is of decided value in gonorrhœa.—*Western Druggist*, Jan,

Neuralgia—Ergot.—According to Dr. J. T. Stewart, Peoria, Ill., in facial neuralgia one hypodermic injection of ergot is worth all the gelsemium in the universe. —*Therap. Gaz.*, Jan.

Diseases of Respiratory Organs—Fellows' Hypophosphites.—Were hypophosphites useless in all other diseases, the benefit which they undoubtedly yield

in consumption and other diseases of the respiratory organs would vindicate their claim to the attention of every medical practitioner.' If used perseveringly, this remedy subdues the tendency to consumption, and, even after the disease has set in, it checks the further formation of tuberculous deposit.

Cocaine Disks.—The most convenient form for the employment of cocaine muriate for ophthalmic practice is in that of gelatin disks. Dr. Joseph Warren, of Boston, who suggests this method, has employed them with much satisfaction. Each disk contained about half a drop of an eight-per-cent. solution (gr. $\frac{1}{15}$). They were made for him by Metcalf & Co., and are recommended on account of their convenience and economy.—*Boston Med. and Surg. Jour.*, Jan. 29th.

Explosive Vegetable Powders.—The *Journal de Pharmacie d'Alsace-Lorraine* reports a curious accident as having occurred in a pharmacy in Strassburg. Whilst an apprentice was engaged in removing lycopodium from one vessel to another, some of the powder became diffused through the atmosphere and igniting at a gas flame gave rise to a slight explosion. This so alarmed the young man that he dropped the vessel containing the lycopodium, and a thick cloud of it spreading through the shop, a second and more violent explosion followed, which shattered the windows and blew the closed shutters into the street. The apprentice escaped with a few slight burns on the face. Explosions of a similar nature, through the sudden ignition of fine powder suspended in the atmosphere, are known to take place occasionally in flour mills and probably in coal mines.—*Lond. Pharm. Jour.*, Feb. 21st.

Aperient During Pregnancy.—G. A. Hulett, M.D., Kansas City, Mo., writes: I have used the acid mannate with splendid success as a gentle laxative where mild catharsis is needed, and I find it unrivalled for pregnant women, having the safe and gentle aperient effect desired.

Oxalic Acid for Ivy Poisoning.—Mr. H. Allen Clark, of Atlantic Highlands, N. J., writes: "From time to time I have noticed in the *Druggists' Circular* different remedies for the cure of poisoning by 'ivy.' I have never seen the following, which I have used with great success, namely, 'oxalic acid.' I make a weak solution and bathe the affected parts, increasing the strength as the severity of the case demands."—*Druggists' Cir.*, Feb.

Medicinal Wines.—For medicinal purposes the pure Hungarian wines imported by Mr. L. Reich, of New York, have stood the test of years, and deserve the highest encomium.—*Med. and Surg. Rep.*

BOOK NOTICES.

The Science and Art of Surgery.—By John Eric Erichson, F.R.S., LL.D., etc. Eighth edition. Revised and edited by Marcus Beck, M.S., etc. Vol. II., pp. 1205. Philadelphia: Lea Bros. & Co., 1885.

The present issue completes the set, and presents a most valuable treatise. Even to the best-read surgeon a mine of information is opened in which he will be sure to discover something from which he will learn very much. In these compact volumes all the acquisitions of modern surgery are carefully recorded. Nearly a thousand illustrations enrich the pages, and add much to the interest of the text. An excellent index completes the second volume.

Elements of Practical Medicine.—By Alfred H. Carter, M.D., Lond., M.R.C.P., etc. Third edition. New York: D. Appleton & Co., 1885.

This volume is intended for the use of students, as a general introduction to the study of medicines as well as to bring the essentials of the subject within the grasp of those practitioners who have not the leisure or disposition to consult the larger text-books. The author's descriptions of cause, diagnosis, prognosis, and treatment are accordingly brief. The main features of each are, however, pointed out, and the appropriate remedies indicated.

A Practical Treatise on the Diseases of the Ear.—By D. B. St. John Roosa, M.D., LL.D. Sixth edition. 8vo, 718 pp. Wm. Wood & Co., 1885.

The estimate placed upon this standard work has been clearly evidenced by the fact that in eleven years it has passed through six editions. The present edition has been carefully revised, and the abundant clinical experience of the author has enabled him to add greatly to its completeness and value.

Handbook of the Diagnosis and Treatment of Skin Diseases.—By Arthur van Harlingen, M.D. Philadelphia: P. Blakiston, Son, & Co., 1884.

In this excellent little book of 282 pages, for ease of reference, the more common diseases of the skin are arranged in alphabetical order, while many good prescriptions are given, together with clear and sensible directions as to their proper application.

A Manual of Dermatology.—By A. R. Robinson, M.D., L.R.C.P. & S. Edin. 8vo, 647 pages. New York: Birmingham & Co., 1884.

The author has successfully accomplished his intention to present the study of Dermatology in its modern aspects. His individual experience has been ample, his methods of observation excellent, and his general presentation of the subject is commendable.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE
EDITED BY
WALTER S. WELLS, M.D.

VOL. II. No. 4. April, 1885. WHOLE No. 16.

ZYMOTIC.

Bacteria Two Hundred Years Ago.—The Amsterdam *Allgemeen Handelsblad* publishes a communication from Professor E. Cohn, of the University of Breslau, who recapitulates the substance of a correspondence of the celebrated naturalist Leeuwenhoek with Francis Aston, of London, a member of the Royal Society. Leeuwenhoek, writing from Delft, in 1683, reports that among the *débris* of food remaining between his teeth he had discovered, with the aid of the microscope, living organisms moving with great activity. He distinguishes various kinds among them, which he describes so precisely that they would be easily recognizable. One, which occurs least frequently, resembles a rod, the bacillus; others, twisting in curves, are bacteria; a third kind, creeping in snake fashion, is the vibrio ugula; another kind, of extreme minuteness, resembles a swarm of flies rolled up in a ball, and is evidently the micrococcus. Its movements cannot be traced with certainty. He says that this species seems to be made up of parallel threads, varying in length, and remaining immovable, while other specks move in and out through the web. Leeuwenhoek marvels that these things could live in his mouth, notwithstanding his systematic habit of cleansing it. He instituted observations which showed that they were also to be found in the mouths of other persons. Some years later he could not discover any traces of those minute organisms, and he was led to attribute their disappearance to the use of hot coffee. But shortly afterward he rediscovered them as lively as ever. In September, 1692, he sent some sketches of them to the Royal Society. Professor Cohn observes that it would seem from this correspondence that the knowledge concerning those minute entities made no advance for nearly two centuries, and he remarks on the wonderful skill with which Leeuwenhoek used the imperfect instruments of his time.—*Lond. Med. Record*, March.

Treatment of Cholera.—Dr. John C. Peters, of New York, says: Hypodermic injections of atropine and morphine have failed sadly in many cases. Subcutaneous injections of large quantities of salt and water with some soda, and large rectal injections of tannin and laudanum have been very successful in Italy. If there is plenty of acid gastric juice in the stomach, the cholera poison and microbes may be swallowed with impunity. The worst cases of cholera are produced by drinking large quantities of cholera-contaminated water when the stomach is empty and alkaline. I think it probable that large quantities, as much as the thirst requires, of a weak acid water will prove very beneficial in cholera. Water slightly acidulated with sulphuric, nitric, or muriatic acid will probably be the best, but it is hoped that phosphoric, acetic, and lactic acids will prove equally good. Lemon juice and vinegar are merely acetates and citrates of potash, and are not as good.—*N. Y. Med. Record*, March 14th.

Biliary Salts in the Blood of Choleraics; Toxic Alkaloid in the Dejecta.—M. G. Pouchet (*Gazette hebdom.*) reported at the meeting of the Académie des Sciences, that in examining the bodies of four choleraics who died in the algid stage, he found, in the blood contained in the heart and large vessels, a considerable quantity of biliary salts. In the urine of patients who had come to the stage of reaction, he also found a large quantity of biliary salts.

In examining the dejecta of cholera patients, he found: 1, that they were almost always of a strong alkaline reaction;

2, that they contained an oily liquid, easily oxidizable and extremely toxic, which, says Pouchet, is certainly a ptomaine.—*Phila. Med. News.*

Opium and Mercury Iodide in Choleraic Diarrhœa. — Peyrusson (*Progrès méd.*) has found that the diarrhœa which attacks persons not otherwise affected during an epidemic of cholera, is benefited by the use of mercury iodide and opium.

℞ Mercury iodide . . . . 30 centigrams.
Powdered opium . . . 5 "
Neutral glycerine . . . . . 2 drops.
Pure vaseline . . . . . 5 grams.
M. SIG.—To be taken in one dose each morning.
—*Med. Bulletin.*

Diphtheria—Pollution of Water by Birds' Droppings.—Dr. Johnson mentioned at the Harrogate Medical Society some cases of diphtheria, alternating with scarlatina, occurring in a farm-house. The infective cause was, in his opinion, rain-water which was collected from the roof, fouled by pigeons' dung, and afterward used for drinking purposes.—*British Med. Jour.*, March 14th.

Diphtheritic Membrane—Pancreatine.—Dr. J. Lewis Smith mentioned a prescription under the use of whose ingredients he had seen membrane disappear quicker than by any other. It was

℞ Ext. pancreatine . . . . . 3 j.
Sodæ bicarb. . . . . 3 ij.
M.—3 j. to 3 vj. in tepid water frequently applied with a brush.

He thought the good was in the pancreatine, not the alkali.—*St. Louis Med. and Surg. Jour.*

Apparatus for Removing Diphtheritic Membrane.—J. Paul Bush, Senior Resident Medical Officer and House-Surgeon, Bristol Royal Infirmary, writes: I beg to bring into notice a small instrument, which has on numerous occasions during the last two years proved of the greatest value in removing diphtheritic membrane from the trachea after the operation of tracheotomy. It is simply the ordinary œsophageal horse-hair probang in miniature, and its action is exactly the same, the shaft being of the size of a No. 3 English catheter.

This inexpensive and most useful little instrument has been made for us by Ferris & Co., Bristol, and Salt & Co. Bull Street, Birmingham. — *British Med. Jour.*, Jan. 17th.

Diphtheria — Chinoline. — Chinoline, one of the most actively antiseptic agents at our command, has been utilized as a local application to diphtheritic membrane. It may be used in combination with glycerine. Donath reports very favorable effects from its use upon the local manifestations of the disease.—*Phila. Med. News*, March 21st.

Diphtheria — Thymol.—As a disinfecting application to the throat, etc., in diphtheria, Prof. DaCosta prefers thymol. gr. v. to ℥ j. alcohol, to which may be added 3 j. of glycerine, if it be too strong.—*Col. and Clin. Record*, March.

Diphtheria—Calomel.—M. Coestu, of Paris, reports two hundred and ninety-eight cases of diphtheria treated by large doses of calomel, and only twelve deaths. —*London Med. Press*, March 4th.

Glycerine for Dryness of Tongue and Thirst in Febrile States.—From a foreign exchange we learn that Surgeon Major S. K. Cotter, in a recent number of the *Indian Medical Gazette*, relates the case of a patient suffering from enteric fever who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerine frequently, and the result was that at the first trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but not really dry to the touch; after renewed application of the glycerine he at once slept again. In six other cases it has been tried and found satisfactory. Surgeon Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating. But, in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.—*Med. and Surg. Rep.*, March 14th.

Typhoid Fever—Water Pollution. —Dr. James F. Reeves devotes attention to the water supply of the upper Ohio River. He finds that, as a rule, each town drinks the sewerage of the town next higher on the stream. Thus, Bellaire, just a half mile below Wheeling, is supplied by water pumped from the Ohio, at a point half a mile below the spot at which Wheeling dumps its night soil and other corrupting refuse. In short, Bellaire drinks the filth

of Wheeling as far as it can be dissolved in water. As a fact, typhoid fever prevails alarmingly in all these towns.—*Jour. Amer. Med. Ass'n.*

Weak Heart in Typhoid—Strychnine and Belladonna.—In the latter stage of typhoid fever, or the typhoid state under any other disease, the weakness of the heart is one of the most dreaded symptoms. Stimulants are needed, yet alcohol is not the stimulant. In a large share of cases the heart needs no goading, but the nervous energy of the system needs sustaining, and the remedy at this time, especially when the first sound is weak, is minute doses of strychnine and belladonna.—*Med. Brief*, March.

Typhoid Fever—Bromide Potassium.—John W. Hawkins, M.D., of Canton, Missouri, says: We are gravely told that "the abortive plan, by the use of calomel, is the only treatment that can be considered etiological." To this statement we respectfully demur. If calomel aborts the fever in fifteen to twenty days, the bromide of potassium will do it in seven to ten days. The bromide of potassium (unlike calomel) is a medicine that is attended by no bad results, and upon which we can confidently rely. It can be given in any and all stages of the fever, first, second, third, fourth, or fifth week. It makes no difference whether you see the patient on the first or last day of the fever, begin at once to administer the antidote—bromide of potassium. If the treatment is commenced at the beginning of the attack, five-grain doses administered every three hours during the day only, and repeated daily, will usually be sufficient; but if in the last stage, from fifteen to forty grains will sometimes be required. In the last stage of a very severe case, when death seemed almost inevitable, we gave over two hundred grains in twenty-four hours, producing no gastric disturbance whatever; cured the patient, and in doing so, learned that we ve a specific for enteric fever.—*Col. and in. Record*, March.

Treatment of Scarlet-Fever by alded Oat-Meal.—Mr. George Smith, Somerset, England, states that he has r several years been in the habit of hav- g his patients well sponged over the sur- ce of their bodies, commencing, as a rule, out a week after the appearance of the eruption, and continuing the process until desquamation is complete, with a mixture of one ounce of oat-meal to a pint of boiling water; the solution to be made fresh every day, and used tepid, or at such a temperature as may be comfortably borne by the back of a finger. His reason for using this particular combination is that the gluten in it sticks the scales to each other and to the surface of the body, thus allowing of their being removed from one sponging to another without the ordinary risk of infecting either atmosphere or clothes, and thus greatly lessening the risk of spreading the disease.

Secondly, the gluten fills up the cracks of the new skin and protects it from cold, as patch after patch of it becomes bare, and it thus, to say the least, greatly lessens the risk of the dropsy which so often follows upon this disease.—*Therap. Gaz.*, March.

Scarlatinal Lymphadenoma.—In lymphadenoma, following scarlet-fever, in a girl of seventeen years, Prof. DaCosta prescribed—

℞ Acidi arseniosi . . gr. $\frac{1}{10}$
Ferri sulph. . . . gr. ij. M.

SIG.—The pill ter die.

Over the enlarged glands rub—

℞ Ung. iodi,
Ung. belladonnæ, āā ʒ ss.
Camphoræ . . . . gr. v. M.

—*Col. and Clin. Record*, March.

Mercury in Typhoid Fever.—Kalb (*Berlin. klin. Woch.*) has employed this method of treatment in upward of a hundred cases, and eighty per cent. of the patients were entirely free from fever at the end of ten days. A drachm and a half of the ointment is to be rubbed into the skin of the abdomen and the inner side of the thighs every day for seven days. At the same time the patient is to take eight grains of calomel and a grain of opium every six hours, and a considerable amount of alcohol. The writer states that the temperature falls rapidly at first, then rises to its former level, and there remains steady until the eighth day, when it falls to normal. He says that he has never seen a case of salivation.—*N. Y. Med. Jour.*, March 28th.

Aspiration of Small-Pox Pustules.—Dr. J. M. Jackson, of Columbus, Kentucky, reports that he is satisfied that the

duration of a case of small-pox is lessened by five or six days by the aspiration of the pustules with a hypodermic syringe. By this means the absorption of pus is prevented, and secondary fever mitigated. It seems to us this is well worthy of extended trial.—*North Carolina Med. Jour.*, March.

"Pitting" of Small-Pox—To Prevent.—Prof. DaCosta says that one of the most efficient means of preventing the "pitting" of small-pox is by the application of—

℞ Hydrarg. chloridi corrosivi, gr. j.
Aquæ . . . . . f ℥ iij. M.
SIG.—Apply by means of a camel's-hair brush.

—*Col. and Clin. Record*, March.

Asthenic Fevers—Tonic.—As a tonic in the asthenic type of fevers Prof. Gross advises the following :—

℞ Quininæ sulphat: . . . gr. ij
Tinct. ferri chloridi,
Acid. hydrochlor. dilut. . āā gtt. xv
Tinct. nucis vomicæ . . gtt. x
Syr. zingiberis . . . . f ℥ ij. M.
SIG.—This amount ter die.

Instead of the nux vomica $\frac{1}{10}$ grain of strychninæ sulphas may be employed.—*Col. and Clin. Record*, March.

NEUROTIC.

Cerebral Localization.—Dr. Raynaud in *L'Encephale* details a case bearing upon cerebral localization. The patient, when admitted, suffered from right hemiplegia with incomplete aphasia (replies usually by gestures, sometimes by inarticulate sounds, interspersed with distinctly uttered words, such as "non," "coquin," etc.).

Three weeks later, a second apoplectic seizure with deep coma occurs, from which she recovers gradually, retaining pantomime and the former expressional power; but a few months later on she is found to have *entirely lost* the faculty of articulate language, and a subsequent apoplectic seizure with convulsions terminates fatally. The autopsy reveals,

1. An old superficial hemorrhagic focus, which has involved the posterior part of the third frontal, the junction of the central gyri below, and the whole of the insula.

2. A recent hæmatoma of the dura mater, spreading over the posterior frontal, the parietal, and the temporo-sphenoidal gyri, enclosed in a false membrane.

3. A softened disintegrated condition of the external capsule and caudate nucleus, spreading inward to these parts from the site of old hemorrhage over insula.

To the first of these lesions M. Raynaud attributes the hemiplegia with partial aphasia; to the second, the subsequent apoplectic seizure; whilst to the extension of softening into the caudate he attributes the complete loss of articulate language which supervened when these, the evidently latest lesions, occurred.—*Brain.*

Poliomyelitis Anterior in Adults.—Dr. Gustavus Eliot, of New Haven, records a carefully noted case of poliomyelitis anterior occurring in an adult. The progressive development of muscular weakness, unattended by febrile symptoms, but accompanied by diminution of the size of the limbs, by abolition of the patellar tendon reflex, and by sensations of numbness, yet without loss of tactile sensation, and without interference with the function of either the rectum or bladder, rendered the diagnosis clear and indisputable. A large proportion of the reports of cases which have been published contain little or no information concerning the details of treatment, and in many others the multiplicity of drugs prescribed renders any reliable conclusions in regard to the effect of each almost impossible. Bromide of potassium, belladonna, strychnia, ergot, and iodide of potassium have been most often employed, and most praised. Counter-irritation, baths, rubbing and exercise, and electricity are also included as important elements in most plans of treatment. From a careful study of the results of various plans of treatment, as reported by various observers, Dr. Eliot deduces the following conclusions: 1, counter-irritation and ergot should be employed early in every case; 2, massage and electricity should be used as soon as there is any evidence of improvement; 3, little, if any, effect can be expected from iodide of potassium; 4, belladonna and the bromides should be used only with extreme caution; 5, strychnia should be entirely avoided.—*Midland Med. Miscel.*, March.

Locomotor Ataxia with Charcot's Joint.—Dr. Lambert Ott presented a case of this nature at the Philadelphia Neurological Society. S. H., aged forty-five years, a travelling salesman. In 1866 he contracted chancre, no secondary symp-

toms following. In May, 1881, his present disease began with shooting pains in limbs and unsteadiness of gait. In November, 1883, I first saw him and diagnosticated his condition as locomotor ataxy. At the present time there is very little missing that goes to make up the symptom-group of this disease. In December, 1883, about two and a half years after the beginning of his trouble, he noticed a swelling of his left ankle. In the morning it seemed less, and in the evening it had increased to such an extent as to cause difficulty in taking off his boot. He had no pain, no impediment in using the joint, and had it not been for the swelling he would not have taken any notice of it. He thinks the swelling reached its maximum in two weeks, and there has been no great variation since, except that in the evening it is slightly increased. At present his foot is moved normally, but when the back of the leg is grasped and extreme flexion made, crepitation is imparted to the hand ; the swelling is confined to the inner and dorsal surfaces of the ankle-joint, and feels bony. The joint measures in circumference one and a half inches, the leg at mid-calf one half inch more than the opposite limb. There is no pain or tenderness on pressure or rough usage. He has been under treatment fourteen months, and has taken corrosive sublimate and chloride of gold and sodium. The electrical treatment at first was central galvanization and general faradization, and latterly the metallic brush, the rapidly interrupted faradic current, with marked improvement.—*Med. and Surg. Rep.*, March 14th.

Oscillating Spasm of Head from Lightning Shock.—Dr. G. F. Harvey, of Parsons, Kan., referring to Dr. Eggleston's paper on "Atropia in Severe Electric Shock," relates the history of a pertinent case of his own. A robust, hard-working young woman, three months pregnant, received an electric shock from a bolt of lightning which struck a plow a few paces stant. For the next two months she was onfined to her bed most of the time. Her ymptoms were a constant rhythmical roll- ng of the head from side to side at the ite of seventy-five to one hundred times a inute. This kept up more or less day id night. It was accompanied with much ain, which greatly exhausted the patient. reatment had been "irregular," and had done no good up to the end of the two months, when she was brought to Dr. Harvey. Our correspondent writes : "Not knowing what else to do, I left fluid extract of hyoscyamus and atropiæ sulphas, with instructions to give it until sleep occurred or its physiological effect was produced. About a week after the husband reported, to his and my surprise, that no more of the symptoms had occurred since taking the hyoscyamus mixture, and during the month the patient was able to bear the journey of ten or fifteen miles' travel to town, although unable to walk steadily without assistance. I left the State shortly after, and when next I heard of this case, indirectly, the account was the 'movements' had gradually returned, and after her confinement they had become almost as bad as ever. I think this would have been a good case to try the effect of the method of local compression with the steel collar recommended by me some years ago in neck chorea. The object in reporting this is to corroborate in a small way Dr. Eggleston's observations."—*N. Y. Med. Record*, March 7th.

Paralysis Agitans—Hyoscyamine.—The following cases, presented in the Jefferson Medical College clinic, by Professor DaCosta, illustrate the effects of hyoscyamine in the treatment of this disease :—

Case 1.—Female, æt. sixty-eight. Many years ago had chills and fever. Now has marked trembling in left arm and signs of the same in all the extremities. The movements in the lower extremities are of a jerking character, the fingers of the left hand being on a constant move, and not controlled by effort of the will. All this came on gradually. Speech has recently become impaired ; she scans the words. There is no giddiness, neither is she subject to headache. The trembling is not so marked when she lies down, and after becoming composed she sleeps well. Digestion and appetite are good. The heart is normal ; eye-ground normal, except a slight opacity in the lens of the left eye. She can walk in a straight line with eyelids closed. There is slight constriction at the back of the neck, but no pain along the spine.

Her memory is not quite as good as it was some years ago.

The trembling began in the thenar emi-

nence of the left hand. The disease is functional in character. There are no cerebral symptoms to lead us to think otherwise.

Treatment.—Hyoscyamine gr. $\frac{1}{100}$ to begin with, ter die, and pushed to tolerance. Use it thus for four to six weeks; then alternate with liquor potassii arsenitis, gtt. ij.-v., for some time, and return to the hyoscyamine. To make the treatment still more effective, use a galvanic battery of 10–12 cells every second day.

CASE 2.—A woman, æt. fifty-nine. She has general shaking of the arms; duration three years; came on gradually, beginning in the left hand, then soon extended up to the left shoulder. In six months afterward the right arm became affected. She can walk with eyes shut, speech not impaired, no headache, weakness in the back, urine normal, sensibility (cutaneous) well preserved. She can—though with some difficulty—lift a glass to her mouth.

Treatment.—This patient has been on hyoscyamine for two years and has greatly improved. She began by taking $\frac{1}{100}$ gr., and has now been on the same remedy, in doses of gr. $\frac{1}{30}$ t. d.

Now place her upon quinine gr. x. a day, in two doses of gr. v. each, and hyoscyamine, gr. $\frac{1}{40}$ t. d.—*Col. and Clin. Record*, March.

Insanity—Hyoscine Hydrobromate.—Since the report of Dr. Horatio C. Wood, in the last *Therapeutic Gazette*, further experimentation under his direction, carried out at the Philadelphia Institute for the Insane, has fully confirmed the claims then made for it. Of its value in insanity there can no longer be a doubt. It is urged that in virtue of its small bulk, tastelessness, and solubility, it can be administered when other medicines, and even food, are refused. In doses of one forty-eighth of a grain, in extreme cases, sleep was always induced, and the patients generally awoke much refreshed and with their excitement much abated. Applied locally to the eye it causes dilatation of the pupil, but has no anæsthetic effect.—*Louv. Med. News*, March 28th.

Death from Electricity.—In the course of a correspondence in the *Electrician* on personal safety and electric currents, Mr. Trotter, observing that the case of the unfortunate man who lost his life at the Health Exhibition by touching the dynamo was not taken down in shorthand by a reporter, but that the coroner made very full notes, mentions that there was "first a spasmodic contraction of the arms and chest—in fact, of the muscles in the path of the current, described by a gesture by the witness which corresponded exactly to that which is tolerably familiar to those who occasionally receive an accidental shock. The man fell away from the dynamo, collapsed, rolled over, and became unconscious. He was probably dead before he fell. A slight mucous foam appeared at the lips; the body speedily became discolored. Rigor never set in; and this, coupled with the fact that the blood never coagulated, is in accordance with several authentic records. All the blood-vessels in the path of the current were highly congested, more so in the chest than in the back; the brain was normal, and the heart empty."—*London Lancet*, March 7th.

Crises of Muscular Stiffness at the Commencement of Locomotor Ataxia.—Prof. Pitres (*Le Progrès méd.*) relates three cases in which weariness and sudden fatigue and pain in the muscles of the limbs and loins preceded the development of the characteristic symptoms of locomotor ataxia. He thinks these symptoms differ from those of ordinary physiological fatigue by their abrupt onset, the absence of any previous exertion, and their rapid disappearance after a relatively short time, and the complete integrity of the muscular sensibility during the intervals. He regards them as the clinical equivalents of the other crises affecting the stomach, intestine, kidney, bladder, etc., which supervene frequently at the beginning or during the course of locomotor ataxia, and which often permit a diagnosis to be made before any inco-ordination of movement or lightning pains in the legs have appeared.—*London Med. Record.*

Combination of Bromides for Epilepsy.—Erlenmeyer (*Centralbl. f. Nervenheilk.*) recommends the following formula:

Bromide of ammonium		30 grains
Bromide of potassium Bromide of sodium	each	1 drachm
Water		24 ounces

The whole is to be given in the course of twenty-four hours.

It is said that the use of this mixture does not cause bromism, even acne not having been observed under its action, and that its control over the attacks is very decided.—*N. Y. Med. Jour*

Hemicrania — Brom. Nickel. — In hemicrania, in a woman who was also troubled with acid dyspepsia, Prof. Da Costa prescribed bromide of nickel, as follows :—

℞	Niccoli bromid.	℈ij.
	Ol. gaultheriæ	gtt. vj.
	Syrup. tolu, q. s. . . .	f ℥ ss.
	Aquæ, ad.	f ℥ ij. M.

SIG.—Teaspoonful ter die.

After a while the dose of the bromide is to be doubled. At night aloin, gr. $\frac{1}{10}$, is to be taken, followed in the morning by ℥ j. of potassii et sodii tartras.—*Col. and Clin. Record*, March.

Hemicrania—Dieting.—Dr. Haig reports the case of a man thirty years of age who suffered from violent attacks of hemicrania. Various plans of treatment were tried without obtaining relief. He was finally placed upon a purely vegetable diet, when the symptoms entirely disappeared.—*Med. Bulletin*, March.

Acute Chorea, Treated with Continuous Inhalation of Chloroform.—Dr. John Bostock reports a case of this kind. It was one of those very acute cases of chorea, happily not very frequently met with, where every symptom is present in a most marked degree, where all parts of the body are constantly and violently jerked about ; where numerous bed-sores and excoriations of the surface speedily appear ; where the patient, though perfectly conscious, can neither articulate nor swallow, nor keep herself in bed, and loses all power over the spincters ; where every effort of the physician has to be directed towards maintaining the strength and preserving the body of the patient undamaged, till the violence of the disease is exhausted, or till it has yielded to the remedies exhibited (if that be possible).

After a few days in the hospital, it was obvious in this case that no drugs had any effect on the disease. The chloroform was then administered, and a very few drops sufficed to keep her quiet for a couple of hours. When she was semi-conscious she would often swallow a mouthful of fluid nourishment, or a nutrient enema could be given. When she woke up and became violent again, a few more drops were given.

This treatment was more or less adopted for eight days, during which time her condition was most critical, and I am convinced that if she had not been thus kept unconscious, and therefore quiet for a large portion of the time, she would have died.—*Liverpool Medico-Chir. Jour.*

Sciatica — Spray of Chloride of Methyl.—Debove employs as a revulsive intense cold and of such a degree that congelation of the integument ensues. He describes the method in the *Gazette hebdomadaire*, and mentions as the only drawback of the method that the freezing process may form an eschar ; but such is also the case when the cautery is applied. D. uses methyl-chloride as an application, and describes an apparatus that permits of localized application of the agent. The degree of cold caused by the evaporation is said to be—22°6′. The application is made along the track of the pain, if needed from the sacrum down to the malleolus. The skin congeals at once, becomes white and hard as stone. The patient complains of a burning pain, as in the employment of the actual cautery. Generally the line of congelation soon becomes red and warm ; erythema and blisters usually develop, a true eschar seldom.

Success attended the application in all cases, both recent and chronic, of rheumatic sciatica. The patients can walk right after the application. Debove is of the opinion that the method will prove acceptable in other neuralgias attended by intense pain.—*Weekly Med. Rev.*, March 7th.

RESPIRATORY.

Pneumonia—Berlin Treatment.—Our correspondent writes : Pneumonia is severely let alone so far as medicines go. Nature is not handicapped with nostrums, and is supplemented by the physician's art only when her own powers become weakened by watching. Careful nursing, judicious and ample feeding, and proper ventilation are insisted upon. Careful nursing means a constant surveillance over the movements of the patient, so that he may not improperly expose himself, the administration of food and alcohol (when demanded) at certain regular hours, and an hourly observation of pulse and temperature, so that the attending physician may be notified of the least alarming change. Starvation diet does not obtain many friends. Fevers eat and consume tissues, and the waste must be compensated for by full feeding ; not over-feeding or improper

feeding, which may set up gastric disturbances, but just such as the system requires. The intervals between feeding should not be too long, and the restless patient will require quite as much during the night as during the day. Pulmonary inflammations are recognized as due to causes quite different from those which until lately possessed the German medical mind, and with these new views of pathology and etiology have come new ideas of treatment, or rather a belief in no treatment at all, and a reliance upon hygienic detail and nursing. The disease has a tendency to cure itself, if the patient be placed in the best possible condition for nature to assert her powers. This is also true of typhoid fever. An expectant plan is very generally pursued.—*Jour. Amer. Med. Ass'n*, March. 7th.

Treatment of Pneumonia, with Especial Reference to Venesection.—Dr. Benham writes that he feels sure a great many lives might be saved, when attacked badly by pneumonia between the ages of eighteen and thirty years, if they were treated by lowering remedies alone. The plan of treatment recommended is to withdraw ten or twelve ounces of blood from the arm, and if the effect be good, but not sufficient, to repeat the operation in twelve or twenty-four hours. At the same time drugs must not be neglected, and foremost amongst them stands antimony, in doses of twenty to thirty minims of the wine, joined with other diaphoretics, at first every hour, and less frequently afterwards as the fever abates. The time to bleed is when the fever is fully developed, but the old rule holds good that "it is never too late to bleed in acute pneumonia." The author then goes on to discuss how far these principles hold good or require modification in complicated cases, and shows how in most cases, where the fever is sthenic and severe, great advantage results from cautious depletion.—*London Med. Record*, March.

Hernia of the Lung.—Dr. Mariani reports in the *Revista de Medicina y Cirurgia Prdcticas* the case of a man, forty-five years of age, of good general health, in which nothing abnormal was discoverable when he was resting quietly; but when he was exercising actively or coughing, a globular swelling appeared in the right supraclavicular region, varying in size with each respiratory movement. During an attack of violent coughing it would grow to such a size as to pass entirely across the front part of the neck, attaining a volume equal to that of the head. Upon the cessation of the provoking cause the neck would return to its normal dimensions. This phenomenon was first noticed when the patient was fourteen years of age. The diagnosis was made by Dr. Bellida of a conical hernia of the lung. —*Midland Med. Miscel.*

Pulmonary Hemorrhage.—For obstinate cases of pulmonary hemorrhage that cannot be controlled by the usual remedies, Professor Bartholow recommends the administration every half hour or hour of—

℞ Ext. ipecac, fl. . . . . ♏ v.
Tinct. digitalis . . . . . ♏ x.
Ext. ergoti fl. . . . . ʒ i.

M. SIG.—For one dose.

The ipecac. will produce emesis in a short time. As soon as this occurs the bleeding will stop. Dangerous post-partum hemorrhage can be effectually checked in the same way.—*Med. Bulletin*, March.

Uses of a Common Paraffine Taper.—A common white paraffine taper makes one of the best bougies for exploring the nasal cavity. One of from one eighth to one sixth of an inch in diameter, and about ten inches in length, is made slightly soft by warming it in the hand, the end to be introduced into the nasal cavity is rounded off, the taper is bent into an easy curve and is ready for use. The perfect smoothness of the bougie thus formed, the ease with which it bends, and the just-sufficient strength given to it by the wick, are qualities which make this simple, inexpensive, and always ready instrument very effective. To apply iodine evenly to the whole of the nasal cavity, it is merely necessary to paint the end of the taper, for a couple of inches, with iodized colloid, or with tincture of iodine, and then introduce it, to secure that all the iodine is left on the mucous lining of the nasal cavity. If the cotton within it be nicely teased out at one end of a short length, the cotton makes one of the most convenient of brushes for applying iodine or other solutions to the throat. As soon as one brush has been used, it can be cut off with the scissors, burnt, and another made.—*The Asclepiad.*

Telephonic Stethoscopes. — Our Paris correspondent writes : All our modern stethoscopes are at best but acoustic tubes which can only transmit a sound by the

column of air that is within them. It is well known that all such transmitted sounds are attenuated. The want, then, was something to augment the sound in place of diminishing it. Starting from that idea, the present stethoscope was invented. The principal part of it is called the *phonogène*, and it is formed of a membrane or a sort of tympanum stretched over the top of a metallic sounding-board or disk, as in a telephone. It is then placed in a hard-rubber receiver, and an ear-piece is attached to it, which is a simple flexible rubber tube and ear-piece (for one ear only). The whole thing is very light. It could be concealed in one hand with the rubber tubing rolled around it.

The sounds given by it are increased—that is, they are sufficiently augmented to be quite distinct, and they are very clear and distinct *without changing the pitch.* A final advantage is its moderate price, three dollars. There are two kinds made. One, made for heart-sounds only, augments the sounds more than the plainer kind used for general auscultation. — *Phila. Med. Times*, March 21st.

Extirpation of the Larynx.—The subject was a man, aged forty-four. The operation was undertaken for the removal of a growth springing from the epiglottis and invading the larynx. Tracheotomy was performed four days previously. The thyroid cartilage was divided in the middle line, and the growth found to be so extensive that the whole of the larynx, together with the first ring of the trachea, was removed. It was also found necessary to cut away the anterior and lateral walls of the pharynx, only a portion of its posterior wall being left. This was subsequently divided and united to the skin-incision. The patient was fed at first by enemata; but, on the evening of the day following the operation, an œsophagus-tube was passed, and a pint of milk introduced into the stomach. After this, feeding in this way was continued. The principal trouble attending the after-treatment was the escape of saliva into the trachea. This was overcome by one of Foulis' tubes. On the eight day the sutures attaching the œsophagus to the skin were removed, and the œsophagus was allowed to fall back, re-establishing its connection with the mouth. He progressed favorably, and was discharged, wearing a Foulis' tube, and taking nourishment by the mouth. He gained a stone in weight. The growth was found to be an epithelioma.—*London Med. Record*, March.

Aspirator in Hydrothorax.—Dr. E. D. Ferguson, after recalling cases in which effusion from idiopathic pleurisy was *completely* removed by aspiration, only to suffer relapses which eventuated in pyothorax and death, warns against the operation, unless dyspnœa compels it or absorption is long delayed. If the object be to relieve dyspnœa, Dr. F. advises to remove just enough to relieve this condition, one pint being usually sufficient. If the object be to stimulate absorption he has found the removal of about eight ounces usually sufficient. Since adopting such a plan he has had no pyo-thorax follow. On the inflamed engorged pleura, with its exudate containing new-formed thin-walled blood-vessels, there exists air pressure from within and fluid pressure from without. To remove at one sitting all fluid pressure is to produce increased vascular supply, rupture of these new vessels,—elements favoring suppuration.—*N. Y. Med. Jour.*

Salvia Officinalis in Catarrhal Rhinitis.—Dr. D. Hayes Agnew writes: In a case of chronic catarrhal rhinitis, accompanied by profuse purulent discharges mingled with dark scales, and in which the integument covering the nose and the adjoining sides of the face were red and swollen, after exhausting in vain every known remedy, the disease yielded to douches of sage tea. The patient, who was a married lady, had suffered from the disease for over four months. In cases of ordinary nasal catarrh, an affection at present exceedingly common in the northern portions of the country, when uncomplicated by the usual post-nasal hypertrophy of tissue, infusions of Salvia prove very comforting washes.—*Med. and Surg. Rep.*, March 21st.

Smearing the Laryngoscopic Mirror.—Edward Cotterell, Bicester, writes: —Dr. Neale, the very distinguished and able author of the "Medical Digest," has written to me stating that in Sect. 611:3 of that work, Dr. Buzzard taught that the mirror should be smeared with glycerine. I am sure that I claimed no originality for the idea, as I thought everybody knew it. But

it appears not. I now bring before you another method of preventing the breath condensing upon the mirror, which I have learned from dentists, and which, I believe, is not in the Digest—namely, to smear the mirror with the patient's saliva by rubbing it upon the inner side of the cheek, this being the method pursued by dentists when using a mirror in stopping, etc.—*London Lancet*, March 14th.

Inhalation of Defibrinated Blood.—Professor Fubini, regarding the tolerance of the broncho-pulmonary apparatus toward foreign liquids that do not irritate the laryngeal mucous membrane and the rapidity of absorption by this channel, tried the effects of inhalations of defibrinated blood. Twenty parts of ox-blood were mixed with eighty parts of solution of chloride of sodium. The inhalation was made from an ordinary pulverizer. The inhalation was well borne, and remarkable improvement was obtained in cases of oligæmia.—*London Med. Record*, March.

Phthisical Cough — Cocaine and Chlofororm Inhalations.—Dr. James E. Baker recommends cocaine in phthisical cough. Five minims of a four-per-cent. solution, with a like amount of chloroform, are dropped upon an inhaler and taken at bedtime. In two cases of this kind he succeeded in giving the patients a better night and making them more comfortable than he had been able to do by any other mode of treatment.—*N. Y. Med. Record.*

Application for Ozæna.—The following is Vidal's formula, as employed at the Hôpital St. Louis (*Jour. de méd. et de chir. prat.*) :

Solution of chloride of zinc, 5 per cent. 1 ounce.
Boric acid . . . . . 14 grains.
Water . . . . . 28 ounces.
Ammonia-water, enough to neutralize the solution.

To be sniffed up into the nose several times daily.

—*N. Y. Med. Jour.*, March 14th.

Voice—Inhalation to Improve.—Dr. Sandras has communicated to the Academy of Medicine a formula which he claims has produced some very remarkable effects on the voice. It is as follows :

Essence of turpentine . . . 100 grms.
Norway tar . . . . . 20 "
Chloroform . . . . . 1 grm.

Used by inhalation. After its use for a time, it was noticed that the voice became extremely pure and possessed a remarkable volume.—(*Paris Cor.*)—*Phila. Med. Times*, March 21st.

Whooping - Cough — DaCosta's Treatment.—Professor DaCosta advises quinine to be given in decided doses and to the point of tolerance as soon as the existence of whooping-cough is suspected. He has obtained better results from it than from belladonna. Chloral has also a deserved reputation, and will be found to be next in value to quinine in the general treatment of this disease.

To prevent or shorten the distressing paroxysms of coughing, Professor DaCosta recommends paregoric in ♏xx.–xxx. doses, or the inhalation through a spray, if the child be old enough, of—

Sodii bromidi . . . . . gr. xx.
Ext. belladonnæ fl. . . . . gr. ij.
Aquæ . . . . . ℥ j.

—*Med. Bulletin*, March.

Tincture Benzoin in Influenza and Catarrh.— Dr. Alfred Kebbell recommends inhalation of tincture of benzoin in acute nasal catarrh and influenza. It may be inhaled directly from the bottle. If begun early in the attack relief is obtained speedily.—*British Med. Jour.*

Bronchitis — Chronic. — In chronic bronchitis with asthmatic breathing, Professor Bartholow prescribed, in the clinic—

℞ Ext. grindeliæ fluidi,
Ext. quebracho fluidi . āā ♏ xx.
Ammonii iodidi . . . . gr. v. M.

SIG.—To be taken three times daily.

—*Col. and Clin. Record*, March.

Bronchial Catarrh.—For a boy, fifteen years old, suffering from bronchial catarrh, Prof. DaCosta prescribed :—

℞ Ammonii chloridi . . . . . gr. x.
Chloroformi . . . . . gtt. v.
Mist. glycyrrhizæ comp. . . . ℥ j.

SIG.—Ter die.

Turpentine was ordered to be rubbed upon his chest.—*Col. and Clin. Record*, March.

Expectoration—Profuse.—Gum ammoniac, rubbed up with camphor, makes a mass at once suitable for pills, which are very useful in some nervous and spasmodic troubles, not only of the stomach and bowels, but also of the chest, especially when there is a too copious bronchial secretion.—*N. Y. Med Record*, March 14th.

Cocaine in Coryza.—Dr. W. S. Paget tested cocaine in a severe case of acute coryza. Cotton, soaked with a four-per-cent. solution, was inserted into each nostril; after two or three minutes great relief was obtained. This relief was permanent. —*British Med. Jour.*

CIRCULATORY.

Syncope—Heat to the Head.—William J. Notley, M.D., B.A., gives the following: In whatever way syncope may be produced, whether by an impression made primarily on the higher cerebral centres, or by influences carried along the peripheral nerves to these centres, and thence in both cases reflected to the heart and other organs of the body, there can be no doubt that the unconsciousness, either partial or complete, which forms the principal symptom of the condition, is due to a deficient supply of blood to the brain. Cases of syncope may be divided into two classes: first, those which are due to some mechanical obstruction to the circulation arising in the heart itself, or in the great vessels springing from it, and secondly, those which are the result of various impressions made either on the peripheral nerves or on the emotional centres in the cerebrum. To the former class belong those cases of valvular and aortic disease which terminate in fatal syncope, as well as those in which, from the weakness of the circulation at the end of exhausting maladies, ante-mortem clots are formed, which, by interfering with the exit of the blood, terminate the life of the patient.

In the other class of cases the cause is often external to the organism. A blow on the abdomen, by its effect on the mesenteric nerves, gives rise to an impression which, travelling along the spinal cord, reaches the medulla, and is thence transmitted along the vagi to the heart, resulting in a retardation or a complete stoppage of that organ. The same effect, it is well known, may arise from an impression made on the terminations of any of the afferent nerves, provided it be sufficiently strong to produce, not merely a sensation, but also a reflection. In other cases belonging to the same class the impression is made primarily on the higher centres of the brain, and is in the nature of an emotion of joy or fear, or some other strong passion. From these centres, if the impression is strong enough, or if the nervous system is in that state of mobility allied to weakness, in which the liberating forces are in excess of the inhibiting ones, the impression is conducted to the medulla, and from it to the heart, along the same channels as those before named.

Now, in all cases where the syncope is not complete, and where the heart continues to act, though feebly, measures are usually taken to restore the patient by adopting such means as are calculated to strengthen the action of the heart and facilitate the flow of blood to the brain. In many cases a person accustomed to faint from slight causes will be able to avert the syncope by adopting such means, and it is for this purpose that I wish to draw attention to the efficacy of heat applied to the head. In a person with a weak heart syncope may be produced by simply sitting with the feet in hot water, and, in like manner, it may be averted by the application of heat to the head. Any one may convince himself of this by first producing faintness in himself artificially. This may easily be done by getting into a bath of about 110°F. In a few minutes he will begin to feel faint. Let him then plunge the whole of his head except the nose and mouth beneath the surface of the water, and in less time than it has taken to bring on the faintness all the disagreeable sensations will cease, and he will now be able to continue in the bath, perhaps for half an hour longer, without any inconvenience. From this it would appear that the application of heat to the head is a measure of some value in averting a threatened attack of syncope.—*London Lancet*, March 14th.

Aneurism at the Base of the Brain.—Mr. Lentaigne exhibited at the *Acad. Med. Ireland*, an example of aneurism at the base of the brain, which was taken from a woman who, whilst putting a postage-stamp, which she had just bought, on a letter, fell dead, as if struck by lightning. Up to the time of her death, she had been apparently in perfect health. On *post-mortem* examination, he found that a large quantity of blood, effused at the base of the brain, had come from an aneurism, about the size of a pea, formed in the middle cerebral artery, at its junction with the posterior. The artery was split open with a large rent. There was no disease elsewhere, save that the kidneys were small and

contracted. Almost all the vessels of the brain were atheromatous, but the aorta was perfectly free from atheroma. A great deal of blood was wedged in below the medulla and spinal cord.—*British Med. Jour.*, March 14th.

Osteomyelitis and Consecutive Purulent Pericarditis.—In the Prager med. Wochenschrift Gussenbaur reports a case of acute osteomyelitis in a lad, thirteen years old, localized in the right shoulder. The abscess was opened ; the fever, however, continued, and evidences of a pleuritis of the left side developed. A trial puncture made in the axillary line, fifth intercostal space, yielded pus, and an incision of the thoracic cavity was resolved upon. The patient suddenly became cyanosed, collapsed ; pulse rose to 160. On making the resection of the fifth rib, it was discovered that also a purulent pericarditis existed. G. opened the pericardial sac and united it by sutures with the margins of the external wound. Thus a broad fistula was established through which the heart could be seen and palpated.

The patient rallied ; the pericardium was washed out with thymol. The fistula gradually closed, and the recovery is perfect.—*Weekly Med. Rev.*, March 7th.

Phlegmasia Dolens in the Male.—Dr. Macartney relates in the *Indian Medical Gazette*, of November, 1884, the case of a young soldier, who, after suffering pain in the left iliac fossa with obstinate constipation for ten days, during which time his temperature rose regularly each evening, suddenly experienced a severe pain in the left groin, and the limb began to swell, reaching nearly twice the size of the normal leg. The pain was excruciating and not relieved by hypodermics of morphia. The swelling was uniform, elastic, but not pitting on pressure ; there was œdema about the ankle. After four days improvement began, but was very slow, the limb being powerless, and attempts to move it causing dull aching paln. The author regards the case as one of phlegmasia dolens, differing in no essential point from the disease as it occurs in lying-in women. The obstinate constipation, with pain in the left iliac fossa, appears to have been the exciting cause, just as pressure of the fœtal head in this region, followed by pain and malaise, is believed to produce the disease in the puerperal woman. Another case is mentioned as having occurred in the same hospital, a short time before, in a man recovering from enteric fever.—*N. Y. Med. Record*, March 21st.

Intrafusion.—Mr. Charles Jennings has observed that there are two classes of cases in which intrafusion may be employed—one in which the amount of blood lost has not exceeded a certain definite ratio of the body weight, and the other in which the loss has been more excessive. Intravenous injections of salt solution are indicated, he says, in the former case, but transfusion of blood alone will restore the patient in the latter. In other words, merely adding to the supply of fluid will not answer in cases of excessive loss of blood.—*British Med. Jour.*

General Blood-Letting.—Professor Gross considers general blood-letting to be the best of all remedies in the early stage of acute sthenic inflammations before exudation has occurred. By it we obtain at once the good effects which sedatives and purgatives might not produce for days. It reduces temperature, lowers arterial tension, removes stasis, relaxes muscular spasm, and lessens the amount of inflammatory products in the circulation. It also facilitates the absorption and promotes the action of any medicines that may be subsequently given. It should be resorted to whenever any important organ is involved. Caution, however, is necessary if the patient be very old, very young, or feeble ; chronic alcoholism is a contra-indication for its use. Very fat persons are also unfavorable subjects for its use.—*Med. Bulletin*, March.

Pulsatile Angioma.—M. Laedrich, in the *Archives de méd. et pharm. militaires*, summarizes the treatment of pulsatile angioma by electricity as follows :

1. It must be certain that the point of the needle is in direct contact with the blood to be coagulated. A Pravaz needle is useful for this purpose.

2. The positive pole must be in relation with the tumor.

3. The negative pole is advantageously placed at a distance from the tumor—*e. g.*, in the palm of the hand.

4. Moderate currents only should be employed in the vicinity of nervous centres.

5. The Gaiffe pile is a satisfactory instrument for the operation.—*Phila. Med. News*, March 21st.

Treatment of Epistaxis.—Dr. Lucas Championnière speaks highly (*Jour. de méd.*) of his mode of treatment of epistaxis, which, we admit, has the advantage of great simplicity, and can be easily employed in febrile affections, such as typhoid fever, where this symptom often assumes grave importance. His treatment consists in the introduction into the nasal fossæ, sufficiently highly, of a fragment of a finely cut sponge drenched previously in lemon-juice or vinegar. The patient is then asked to lie on his stomach. On account of this position the blood does not flow off through the pharynx, and forms a clot at the point of contact with the sponge, thus arresting the hemorrhage. This procedure is certainly preferable to the plugging of the posterior nares, a delicate, and to the patient an inconvenient, operation. — *Therap. Gaz.*, March.

Thrombosis of the Basilar Artery.—A case of thrombosis of the basilar artery giving rise to profound coma and extreme lowering of the rectal temperature was brought forward by Dr. Charlton Bastian, at the Clinical Society of London.

A fairly healthy man, aged forty-three, having had no previous brain symptoms, was found insensible shortly after the onset of an apoplectic attack, and admitted under his care at University College Hospital (at 6 P. M. on November 16, 1884) in less than one hour. The patient was then profoundly comatose ; breathing irregular and slightly stertorous ; face pale, cold, and clammy ; all limbs flaccid ; pupils equal, somewhat contracted ; no conjugate deviation of eyes : all reflexes abolished. No cardiac bruit ; heart's action tumultuous.

At 7 the pulse was 80, fairly full, but irregular in force. The respiration was very irregular—a few rapid breaths, then a pause, followed by a long, deep expiration.

At 7.50 the rectal temperature was below 95° ; the pulse and respirations nearly as before. The pupils of medium size, and quite insensitive to light. At 8.45 the pulse 100, the respirations 17 per minute. At 10.15 rectal temperature still below 95° ; pulse could only be felt with difficulty, irregular, and at times imperceptible. Respiration unaltered. All limbs still flaccid. At 10.45 death occurred, the rectal temperature having remained below 95° to the end. At the autopsy the basilar artery, in its posterior half, was found to be dilated into a small fulsiform aneurism with thickened walls, and this, together with the middle cerebellar arteries which came off from it, were found to be completely occluded by a soft, colorless clot. Other large vessels were pervious, and only slightly diseased. The lateral ventricles contained a slight excess of serum, and the veins on their walls were all distended. No lesions were found in any part of the brain. Heart healthy, containing no clots, and no notable disease of the valves—merely some slight thickening. Thoracic aorta showed many raised whitish patches. The lungs were congested and œdematous, and showed hemorrhagic extravasations into both lower lobes. Other organs were congested, and notably tougher than natural. Dr. Bastian pointed out that it was extremely rare for death to take place in less than twelve hours in cases of occlusion of one or other of the cerebral vessels. He had been unable to find any case on record in which it occurred so rapidly as in this instance. In the cases of thrombosis of the basilar artery recorded by Hayem in 1868, death did not take place in less than from sixteen to twenty-one hours. The clinical history of the present case resembled in the closest manner what might be found in a case of large cerebral hemorrhage. This was seen especially by the great depression of the rectal temperature, which, in about two and a half hours from the onset of the attack, had sunk below 95°. Last year he had brought before the Society the record of a case of cerebral hemorrhage, in which the temperature in the rectum sank to 94.5°, and where, as in the present case, it continued thus depressed till death occurred three hours afterward. The fact that thrombosis had occurred in the lower half of the basilar artery, and thus cut off or greatly diminished the supply of blood to the respiratory centre, doubtless accounted for the suddenness with which the fatal issue was brought about. The centres for the third nerve, which were situated at the back of the anterior half of the pons Varolii, seemed to have been partially paralyzed rather than stimulated. Hence there was not the very contracted condition of pupils which often accompanied hemorrhage into the pons, and had caused such cases to be mistaken at times for instances of opium poisoning. The clinical features presented by thrombosis of the basilar artery varied greatly in different cases, according as the

upper or the lower half of the vessel became blocked, and also according to the rapidity or slowness with which complete occlusion occurred. The present case afforded a further illustration of the extreme difficulty, or even impossibility, in some cases, of making a positive diagnosis between cerebral hemorrhage and thrombotic occlusion of some large cerebral artery. Still, in no other artery except the basilar would such occlusion be at all likely to reduce the temperature to such a degree as in the present case.

Dr. Markham Skerritt described the clinical features of a case of plugging of the basilar artery and all the vessels composing the circle of Willis, with the exception of the anterior communicating, in which there had been a very short illness, marked by insensibility, with a very high temperature, stertorous breathing, and the most profuse sweating.—*Lond. Med. Times*, March 21st.

Hypertrophy of Heart During Rapid Growth.—M. Vulpian, at a recent meeting of the Académie des Sciences, read a note from M. Germain Sée, on cardiac hypertrophy consequent on growth. The writer remarks that it frequently happens that growing youths, from fifteen to twenty, are subject to palpitation and constant headaches, accompanied by hypertrophied heart. The principal symptoms of this condition are increased volume of the heart, recognized by percussion, a *bruit de souffle* at the apex, and irregular pulse. M. Sée recognizes three forms of this affection: the tachy-cardiac, with rapid pulse and violent palpitations; the dyspnœic, in which the respiration is difficult; and the cephalic type, in which the cerebral circulation is disturbed in consequence of hypertrophied heart. He believes this condition is entirely misunderstood, and often interpreted as anæmia or a nervous affection; he asserts that it is perfectly remediable, and is of opinion that "hypertrophy from growth" ought not to be considered as a reason for exempting youths from military service, always provided that they follow a treatment and diet appropriate to their condition. M. Vulpian and M. Larrey were less certain that lads with hypertrophied hearts are fit to be soldiers.—*Boston Med. and Surg. Jour.*, March 5th.

Heart Disease and Dropsy.—Professor Peter gives the following formula, in the *Union méd.*, for a laxative and diuretic powder.—℞ Pulv. scillæ, pulv. digitalis, calomel, of each five centigrammes; to be carefully mixed and divided into three doses, one of which is to be administered at intervals of an hour to persons suffering from disease of the heart, with the object of producing a triple derivative effect on the heart, kidneys, and liver. The powder may be repeated in two or three days, according to the results that have been obtained.—*London Med. Times*, March 7th.

Treatment of Gout.—In all the forms of gout Dr. Granville has given the following formula with such success that he recommends its trial by others. He never gives colchicum:

℞	Ammonii chloridi . . .	ʒ	iv.
	Potassii chloratis	ʒ	ij.
	Glycerini	fl. ʒ	xij.
	Tr. iodini	fl. ʒ	ij.
	Aqua ad.	fl. ʒ	xij. M.

Dose.—Two tablespoonfuls four to eight times daily.

—*Maryland Med. Jour.*

ALIMENTARY.

Life History of Epithelioma of the Tongue.—Although scirrhous carcinoma of the tongue is occasionally met with, the most important of the neoplasms of that organ is epithelioma, the natural history of which has a special interest at this time, in connection with the case of a distinguished citizen, in which minute examination has disclosed that the disease is a cancer of that type.

Lingual epithelioma, as a rule, rapidly progresses toward a fatal termination. When left to itself, the life of the patient from the first appearance of the disease varies, in accordance with the estimates of different observers, from 10.5 to 13 months, the average being 11.7 months. Death ensues, first, from the generalization of the disease; secondly, from septic pneumonia, from the inhalation of the putrid emanations which result from the decomposition of the products of the ulcerated surface; thirdly, from starvation, through the pressure of the infected lymphatic glands and surrounding parts upon the œsophagus, thereby interfering with deglutition; and, lastly, from hemorrhage proceeding from the ulcerated lingual arteries, or the vessels of the neck.

The duration of life of those who survive an operation averages 19 months. Not only does operative interference prolong life and relieve suffering, but it effects a final cure in 14 per cent. of all cases. In attaining these results it must, however, be remembered that excision of the tongue is attended with a mortality of 23 per cent., the principal dangers being shock, hemorrhage, œdema of the glottis, septic lung affections, pyæmia, and erysipelas, some of which risks can be avoided by taking careful precautions during the operation, and by the perfecting of antiseptic measures during and after the procedure.

When, in addition to disease of the tongue itself, the palate and the tonsil are involved, the prognosis is far more grave, whether the disease be permitted to pursue an unaided course, or whether it be subjected to the knife. In the latter event, not only will the tongue have to be extirpated, but the disease of the palate and tonsil will have to be reached either by Langenbeck's or Mikulicz's method of operation. In the former, the jaw-bone is divided just in front of the masseter muscle, while, in the latter, the ramus of the jaw is resected. For carcinoma of the tonsil alone, temporary section of the inferior maxilla has been practised by Cheever, Gensmer, and Von Bergmann. In Cheever's case, the disease continued to progress; in Gensmer's there was freedom from recurrence for thirty-three months; while we are not aware of the fate of Von Bergmann's patient. In Mikulicz's case of resection of the ramus, the patient was well at the expiration of six months.

So far as we can learn, there is no example of the performance of the double operation on record; and it is, in our opinion, not justifiable. The only available measures are those directed toward the relief of suffering, the prevention of septic complications, and supporting the powers of the system. Should deglutition be greatly interfered with, gastrostomy might be resorted to; but this procedure, under the circumstances, is of such a questionable nature, that the prudent surgeon would doubtless not take it into consideration.—(Editorial) *Phila. Med. News*, March 21st.

Painful Stomach Affections—Chloroform Water.—Saturated chloroform water is not only an excellent and handy excipient for many medicines, but it possesses also valuable analgesic properties. It is a stable preparation, and the savor is especially agreeable, sweetish, and when diluted one half, devoid of all piquancy and acridity; it makes a good combination with nearly all medicines which it is desirable to administer in a liquid menstruum, disguising the insipid or unpleasant taste of many of them; it markedly enhances the sedative and anodyne properties of analgesic and narcotic remedies.

Among the therapeutic advantages of chloroform water is one on which Lasègue and Beurmann much insist, namely, its use as an analgesic in painful stomach affections, whether these proceed from indigestion or from organic disease. In the pains of indigestion it is almost without a rival, speedily mitigating the functional distress by its marvellous topical sedative action.

From the list of formulæ given by Beurmann we select the following:

℞ Sat. chloroform water, 13 parts.
Peppermint water, 3 parts.
Water, 12 parts.

M. Dose, a teaspoonful for a calmative stomach potion. Good in nervous vomiting and vomiting of pregnancy.

℞ Sat. chloroform water, 3 parts.
Syrup of orange, 3 parts.
Solution morph. sulph., 1 part.

M. Dose, one or two teaspoonfuls. The above is a useful form for the administration of morphine.

℞ Hydrate of chloral, 1 part.
Syrup aurantii cort., 25 parts.
Sat. chloroform water, 50 parts.

M. Dose, a tablespoonful. The acrid taste of chloral is much modified when administered as above.

℞ Sat. chloroform water, peppermint water, āā 50 parts.
Syrup of poppies, 30 parts.
Bromide of potassium, 1 part.

M. This preparation in teaspoonful doses is exceedingly valuable in the therapeutics of infancy.

—*Therap. Gaz.*, March.

Palate in Diagnosis.—Dr. W. A. Lave has been guided for many years by the palate rather than the tongue as an aid in general diagnosis. It is a sure indicator of the presence of biliverdine in the blood, the yellow tinge being first and best seen here, and is, therefore, an absolute guide as to cholagogues. In the exanthemata majora, such as small-pox, scarlatina, etc., the eruption makes its appearance here from twelve to twenty-four hours sooner than elsewhere. Plethora or anæmia or atony of the general system are indicated

by its appearance. Alimentary tract troubles mark their approach and decline more plainly here than in the tongue.—*Atlanta Med. and Surg. Jour.*

Mechanical Arrest of Bleeding from the Stomach or Œsophagus.—Schilling recommends a modification of Schreiber's apparatus (*Aerztl. Intelligenzblatt*). A thin caoutchouc bag is to be fastened to the end of an elastic tube and passed into the stomach, and blown up until the mechanical pressure it exerts within the walls of the stomach stops the bleeding. The exit of air from the tube may be prevented and the bag kept distended, by furnishing the outer end of the tube with a stop-cock. When bleeding takes place from the œsophagus a caoutchouc condom may be employed instead of a bag.—*London Practitioner*, March.

Keratinized Tape-Worm Pills.—In the *Rundschau*, 1884, pp. 313, 769, and 844, was given the most practicable use of "small-intestine" pills for those medicaments which are not to be dissolved until they reach the small intestines. According to the observations made on the small-intestine pills, all medicaments which iritate the mucous membrane of the stomach, *e. g.*, arsenic, all iron preparations, phosphorus, salicylic acid, or which injuriously affect digestion in the stomach, *e. g.*, plumbic acetate, argentic nitrate, tannic acid, or which are partially rendered ineffective or decomposed by the gastric juice, *e. g.*, the alkalies, iron iodide, etc., or those which are introduced into the small intestine in the most concentrated form, should only be given in this way. The latter is particularly true of all tape-worm remedies. A tape-worm remedy which dissolves in the stomach is highly disagreeable, and cannot be recommended.

For this reason the following pills are very useful in cases of tape-worm: Acid. filicici crudi 1 gm. (or in its stead pelletierinum tannicum), and extra aloe 1 grm. are rubbed together and mixed with a sufficient quantity of a mixture of two parts cacao butter and three parts beef tallow to make a sufficiently plastic mass. This is formed into pills weighing 0.15 gm. each, which are coated with ammoniacal keratin and dried.

Keratin is prepared by treating horn-turner's chips with pepsin acidulated with hydrochloric acid, digesting the residue which remains with ammonia or with acetic acid until dissolved, which requires some weeks, and finally evaporating the ammonia or acid. The keratin or keratin acetate remains behind as a mucilaginous liquid, in which state it is used for coating the pills. On drying, it forms bright yellow vitreous scales, for which reason the finished pills have a glass-like coating.

Keratin is insoluble in the gastric juice, and in all acids with the exception of citric and acetic acids. It is, however, readily soluble in the alkaline juices of the small intestine. Hence its utility for the above-mentioned purpose.

In preparing the pills to be coated with keratin, it is desirable to avoid moisture, for which reason Dr. Unna rubs up the medicament with licorice powder or charcoal, adds a few drops of almond oil, and finally makes up the mass with cacao butter, whereupon they are consecutively coated and dried two or three times with keratin or keratin acetate. The ammoniacal solution of keratin is practically the best, since it dries quicker; but where a trace of ammonia might injure the medicament, keratin acetate must be used.—*Druggists' Cir.*, March.

Carbolic Acid in Indigestion.—Edward Berdoe, M.R.C.S., writes: I have lately treated several cases of indigestion with carbolic acid, and the results have in each instance been so fortunate, that I am anxious to add the results of my experience to those of Mr. Dixon. I have found it most useful in that form of dyspepsia known as fermentative, accompanied by constant sour rising and eructations of gas, with pain after meals, and discomfort even after drinking milk or cocoa. My attention was first directed to it by Dr. Fenwick, who gave the glycerine of carbolic acid (one part of crystallized carbolic acid to four parts of glycerine). The dose is from five to ten minims in mint-water or other convenient vehicle. As it mixes well, I think it a more safe and elegant form than a solution of the acid in water only. When there is much pain of the stomach after food, I have found it useful to add five or six minims of the liquor opii sedativus to each dose; and, when there is want of tone in the seat of digestion, and bad appetite, five to ten minims of the tincture of nux vomica will often be found serviceable. I have found these remedies also very valuable in the above combination in cases of pyrosis,

where, I think, the sedative influence of the carbolic acid on the mucous membrane is far more useful than the bismuth one usually given in such cases. It is an interesting subject of inquiry whether the carbolic acid acts by arresting fermentative changes in the stomach, or by its well-known anæsthetic influence on mucous membranes. I have long given one-grain pills of this remedy in cases of vomiting from various causes, and have rarely found it fail to arrest it. In some of these cases there was no fermentative condition of the contents of the stomach; some of them were cases of reflex vomiting; yet all were, with few exceptions, greatly benefited.—*British Med. Jour.*, March 21st.

Monsel's Iron in Diarrhœa.—Dr. Edward T. Williams says: I have been looking for a really satisfactory astringent in chronic catarrh of the bowels. There is, as every one knows, a class of cases where the ordinary vegetable astringents fail to act, or at least act too feebly to do real good. The intestinal lining is in an ulcerous or quasi-ulcerous condition, and requires the potent action of a mineral astringent to treat it, as in cases of external ulcer. The acetate of lead is one of the best remedies in these cases, but cannot be safely given for any great length of time. Oxide of zinc in pill form is safe and efficient, but with children, who must take it in powder, it often vomits and gripes. Sulphate of copper and nitrate of silver are still harsher, and for children quite out of the question. Subnitrate of bismuth is worse.

I began trying, in 1876, at the Sea-shore Home, iron alum (the officinal sulphate of iron and ammonia). I found it better than any thing I had previously tried, and have used it freely ever since. It is not quite so well borne by the stomach as lead and bismuth, but far better than zinc or copper. The dose for a child is from one to three grains; for adults, from three to ten. At the Sea-shore Home we make powders containing one grain of the salt to a twelfth of a grain of opium, giving one or more for a dose according to the age of the child. For adults the pill form is of course preferble. I have had the best results from its se.

Last summer I began using Monsel's salt n its place, both in public and private ractice. This I did from my experience of its great efficiency as a styptic, and a presumption that it might do equally well in diarrhœa, and have found it even better than iron alum. I have tried it only in the dry form, manufactured by Squibb under the name of pulvis ferri subsulphatis. It may be given in the same doses and in the same way as iron alum.—*Boston Med. and Surg. Rep.*

Colotomy.—Three cases of colotomy were recorded at the Clinical Soc., London, by Mr. Davies Colley, in which he had followed the practice, introduced into this country by Mr. Howse in the case of gastrostomy, of uniting the bowel to the abdominal wound, and then waiting until plastic adhesions had formed before making the opening into the gut itself. This idea was first suggested, as we were lately reminded by Dr. Morell Mackenzie, by Egeberg, of Christiana, in 1837, and first practised by Sedillot at Strasburg in 1853, and has been most successful in the hands of Mr. Howse, at Guy's Hospital. In securing the bowel to the wound Mr. Davies Colley advocates the use of a small clamp, which is so contrived as to exercise a minimum of pressure, in preference to uniting the protruded portion by stitches.—*Lon. Med. Times*, March 21st.

Uvula, Elongation of.—M. Monin (*Union méd.*) recommends the following solution to be applied to the soft palate and back of the pharynx for the relief of the irritative cough due to the elongation of the uvula: Hydrochlorate of morphine, 4 grains; bromide of potassium, 1 drachm; tincture of coca, 2 drachms; glycerine, 1½ ounce.—*Med. Bulletin*, March.

Sarcini Ventriculi — Acidum Sulphurosum.—Most of its uses are based upon its power of killing germs and arresting fermentation and putrefaction. In pyrosis with yeasty vomiting and development of sarcini; in parasitic skin diseases, such as tinea, ringworm, etc., it should be applied locally, diluted with water and a little glycerine.—*N. Y. Med. Record*, March 28th.

Pin-Swallowing.—Dr. W. H. Wagner, York, Pa., writes: Mr. G. H. E. came to my office in a great hurry and stated that his daughter, about eight years old, had swallowed a large shawl pin. She placed the pin in her mouth to arrange the shawl around the shoulders, and while doing this

threw back her head, and down went the pin. I advised him to give plenty of food, no purgatives, and watch the stools. The pin was swallowed February 2d, 4 P. M.; evacuated in the centre of a mass of fæces February 4th, 2 P. M., forty-six hours afterward. It measured 2⅛ inches in length, with very sharp point, and a glass head somewhat larger than a buckshot. It passed away as it entered the mouth, head first.—*Col. and Clin. Record*, March.

Alcoholic Gastritis.—In chronic gastric catarrh, due to alcoholism, Prof. Da Costa advised:

℞ Argent. nitratis . . . . . gr. $\frac{1}{16}$
Ext. belladonnæ . . . . . gr. $\frac{1}{16}$ M.
SIG.—Ter die.

And for accompanying constipation, he prescribed:

℞ Pulv. ipecac. . . . . gr. ½
Pulv. rhei . . . . . gr. ij.
Ext. colocynth. comp. . . . gr. i.
SIG.—To be taken at night.

—*Col. and Clin. Record*, March.

URO-GENITAL.

Blood in the Bladder—Suction.—Dr. W. F. Ball was called to a man who had met with a severe fall, striking upon the perineum, and found him suffering greatly from a distended bladder, with inability to micturate. "I at once introduced a catheter, but no urine passed. The catheter was then removed, and the eye found to be filled with blood coagula. The man was in great agony, and something must be done immediately to relieve him. I thought of injections to dissolve the coagula, but the bladder was so distended with urine that such an effect could hardly be obtained, and I did not practise it. I again introduced the catheter, after enlarging the eye, but with no better success. Finally a happy thought occurred to me. I sent to a drug store for a yard of rubber tubing, ¼ inch in diameter, and fitted it on the catheter (which was already inserted into the bladder), and, handing the other end to the patient, told him to place it in his mouth and suck for all he was worth, as his life depended upon drawing the coagula through the tube. He obeyed my instructions to the letter, and drew with the capacity of a forty horse-power engine. Suddenly a great spitting and spluttering took place—the coagula had passed through the rubber tubing, and the urine followed to the amount of about three pints. The patient made a good recovery."—*Mass. Med. Ecl. Jour.*, March.

Rupture of the Urethra.—Dr. Clarkson Freeman, of Milton, Ont., favors us with notes of an interesting case of rupture of the urethra, of which we make the following abstract: A farmer, aged twenty-nine, fell a distance of ten feet, astride a board one inch wide. Bleeding of the urethra was noticed immediately. After some difficulty, a No. 5 metal catheter was introduced into the bladder. The instrument was changed every few days until No. 12 was reached. An abscess subsequently formed in the seat of the rupture, which, when opened, gave great relief to constitutional symptoms. The tendency to contraction of the urethra was so great as to necessitate the almost constant use of the catheter for two months.

The flexible catheter is much to be preferred to the hard, unyielding silver instrument in such cases, especially when it becomes necessary to retain it in the bladder for any length of time.—*Canada Med. and Surg. Jour.*

A Pill for Scarlatinal Nephritis.—Bouloumié (*Union méd*) gives the following formula:

Gallic acid, } each, ½ grain.
Extract of rhatany, }
Boiled turpentine (oil of turpentine that has been kept in a dish of boiling water until it has become thick), } each, 1½ grains.
Gurjun balsam, }

From six to eight pills are to be given daily.

—*N. Y. Med. Jour.*, March 28th.

Tenotomy of the Levator Prostatæ in Enlargement.—Dr. Wyman gives the following as his conclusions in regard to the treatment of enlarged prostate:—

1. The tendon of the levator ani muscle unites with the central tendon of the perineum, and invests the prostate gland in such a manner that when the prostate is enlarged, force is brought to bear upon it during efforts to evacuate the bladder, which rotates the prostate upon the urethra and shuts off the flow of urine.

2. A section of the perineum and its deep fascia and central tendon, will remove the force expended by the levator ani muscle

in producing version of the prostate, and permit the muscles of the abdomen and bladder to evacuate the urine. Such a section implies tenotomy of what some anatomists call the *levator prostatæ* muscle.

3. An operation of this character involves a breaking up of the veins and lymph-spaces on the rectal and lateral aspect of the prostate, and, if the wound is made to granulate from the bottom, atrophy of the prostate will follow, so that by the time the tendon of the levator prostatæ has reunited, no further difficulty in micturition will be likely to ensue.—*Medical Age.*

Sarcoma of the Testis.—The importance of diagnosis in cases of enlargement of the testis is very great, for *early* removal of malignant disease is a large factor in the ultimate result aimed at—namely, complete cure. It is, however, difficult in the early stage of enlargement of a testis to give a decided opinion, and in many cases even the best authorities can give no definite diagnosis until various remedies have been tried and the tumor punctured; the latter, with a view of examining the fluid withdrawn and any growth brought away in the canula. Our readers will recollect that the chief difficulty at the commencement is to diagnose the disease from chronic inflammation of the body of the testis, and, later, from chronic hydrocele and from hæmatocele; and this task is rendered more difficult when the attention of the patient has been first directed to the diseased organ by a blow or other injury. A progressive solid enlargement of the body of the testis, without evidence of inflammation, the surface being of unequal consistency, with dilatation of the scrotal veins, should always be looked upon with suspicion, more especially if treatment prove of no avail in arresting the increase of the growth.—*London Lancet*, March 7th.

Nitro-Glycerine in Chronic Interstitial Nephritis.—Rossbach (*Berlin. klin. Woch.*) commends this remedy because of its favorable action in cases of contracted kidney attended with cardiac hypertrophy. He believes that many of the distressing symptoms of chronic interstitial nephritis are directly due to the increased blood pressure. Now, as nitro-glycerine has a direct tendency to lower this pressure, it follows that it is a most valuable drug in this disease. His method of preparation is as follows: Dissolve about a grain and two thirds of nitro-glycerine in six ounces of sulphuric ether, and then add two parts of powdered chocolate and one part of gum arabic. Allow the ether to evaporate, and add sufficient water to form a thick paste, which may be poured out into moulds. Each troche will contain about a sixtieth of a grain of nitro-glycerine. The dose is from one one-hundred-and-twentieth to one sixtieth of a grain every hour. The patient may complain of headache after the first few doses, but tolerance is soon secured.—*N. Y. Med. Jour.*, March 28th.

Dribbling of Urine.—Dribbling of urine while often symptomatic of over-distension of the bladder, is frequently due merely to either an excessive irritability of that organ or to a relaxation of the sphincter muscle, by which the urine is permitted to pass through as fast as it is secreted. When depending upon simple irritability of the bladder, a condition frequently met with in women, and in some nervous men, Professor Bartholow recommends tinct. cantharidi ♏ x.–xxx. three or four times a day. Relaxation of the sphincter muscles can be most effectually corrected by the administration of ergot, to which iron may be added if the patient be debilitated. If there be, however, a catarrhal state of the bladder, and some enlargement of the prostate, as well as relaxation of the sphincter, Professor Bartholow advises the use of jaborandi ♏ x.–xx. three or four times daily, until an increase of the saliva and some slight sweating is produced. The dribbling from over-distension demands prompt relief by the catheter or aspirator.—*Med. Bulletin*, March.

Cocaine in Chronic Cystitis and Irritable Bladder.—If all that is claimed for cocaine is made good, it will truly turn out to be one of the most valuable additions that has ever been made to our materia medica. Dr. F. F. German thus writes:

I have been treating a gentleman, over sixty-eight years of age for chronic cystitis, bladder sacculated, dependent on prostatic disease; latterly, the symptoms have been much aggravated, micturition every few minutes, with intense pain at the neck of the bladder, thick muco-purulent discharge when the bladder is washed out (twice daily with boroglyceride), and diarrhœa. Almost every remedy has been used

—by mouth, injections, suppositories—all fruitlessly. A fortnight ago I injected into the bladder one third of a grain of hydrochlorate of cocaine in four or five ounces of tepid water; it was retained for ten minutes. Next morning I was pleased to find he had been perfectly free from pain, and the diarrhœa soon ceased. I have since used it four times, the freedom from pain lasting from twenty-four to thirty hours, but the frequency of micturition and quantity of sediment remain unaltered. The last few days he has complained of similar pain along the urethra, and I intend using the gelatine bougies medicated with cocaine, as suggested by Mr. Bellamy.—*London Lancet.*

Injections of Quinine in Urethritis.—M. Girard (*Jour. de méd. et de chir.*) uses the following with success in paludian urethritis:

Chlorhydrate of quinine .	2 to 4 grammes.
Distilled water	300 grammes.
Glycerine	50 grammes.

This injection, repeated three or four times daily, has always arrested the most rebellious discharge.—*Jour. Amer. Med. Ass'n*, March 7th.

Electric Light for Purposes of Examination.—Dr. Baker spoke at the Obst. Soc., Boston, of the great advantage of the electric light over reflected light in the examination of the urethra. The apparatus consisted of an incandescent burner contained in a glass bulb and connected with a suitable battery. The apparatus was strapped upon the forehead and was capable of shedding a flood of light into the urethra; the result was gratifying in the extreme. The only disadvantage was that of expense.—*Boston M. and S. Jour.*, March 26th.

Orchitis. — H. Macnaughton Jones, M. D., F. R. C. S. I. and Ed., says:—It is fourteen years since Mr. Furneaux Jordan wrote his work on "rest, pressure, and counter-irritation" in the treatment of inflammation. Since that date I have never treated a case of orchitis save on the plan then recommended by him, and have found it invariably successful. It so well instances the principle advocated that I may recall it to the recollection of my readers. Nitrate-of-silver solution (3 i. ad ℥ i.) is applied at night to the affected testicle with a camel's-hair pencil (the part having been previously shaved). Over this application is placed a linseed poultice, in which the testicle is suspended by means of a triangularly folded pocket-handkerchief in the usual fashion. The next morning the pigment of iodine (I use the following formula, iodine, gr. xxx.; mastich, gr. xxx.; spt. rect., 3 ii.; flexible collodion, 3 ii.) is painted, taking the shape of Scarpa's space for the extent of some six to eight inches, in the course of the femoral vessel ("adjacent vascular territory"). The nitrate of silver vesicates the scrotum. The poultice is continued for from twenty-four to forty-eight hours, when it is replaced by simple dressing and a suspensory bandage. In a few days the testicle, now reduced in size, and no longer sensitive, is strapped. Salines are given at first, and afterwards iodide of potassium. The patient can attend to business after a day or so.—*London Pract.*, Feb.

Diagnosis of Renal Disease.—The advance that has been made in the diagnosis of renal diseases was well exemplified in a case brought before the students, at the Western Infirmary, by Professor George Buchanan. The patient was a woman, the chief feature of whose ailment was the presence of a large quantity of pus in the urine. The interesting point about the case was that, previously to adopting operative measures, steps had been taken to demonstrate satisfactorily that the right kidney was the seat of mischief, and that the other one was sound. This was accomplished by the use of a recently invented German instrument, by the introduction of which into the bladder, the urine from each kidney is collected separately, and the seat of suppuration determined. The correctness of this diagnosis was verified by the subsequent nephrotomy, performed by Professor Buchanan.—*Brit. Med. Jour.*, Feb. 28th.

Cystitis in the Female.—Dr. Erich states that the best treatment for acute cystitis in the female is Dover's powder. After the urine becomes alkaline other remedies are needed. The following has been found serviceable:

℞	Benzoic. acid.	3 j.
	Biborat. sodæ	3 iss.
	Aquæ	℥ vj. M.

SIG.—A tablespoonful three or four times a day.

—*Med. Summary*, March.

Test for Sugar in the Urine.—Dr. J. F. Kemper, of Keokuk, Ia., writes: "Dr. J. North, Professor of Chemistry in

the College of Physicians and Surgeons, Keokuk, Ia., has for several years given his classes in the chemical laboratory the following test: Place one or two drops of the suspected urine on a piece of bright tin, heat over a lamp until evaporated, and then continue the heat a few moments; if sugar be present, it will be accurately indicated by the characteristic odor of burnt molasses, and by the puffy, carbonized appearance; if no sugar be present, it will be as distinctly shown by the characteristic odor of the urine and by a bright, smooth varnish appearance on the tin."—*N. Y. Med. Record*, March 7th.

Test for Albumen in the Urine.—Dr. Kemper writes: "Take a solution of salt and vinegar in a test-tube, heat over a lamp, then overlie the solution with one drop of the suspected urine, and if albumen be present, it will plainly be seen by the appearance of a coagulum on the test solution. If no coagulum appear, albumen is not present. This test is given by Prof. J. North as a modification of the acidulated brine test."—*N. Y. Med. Record*, March 14th.

Irritable Bladder.—For an irritable condition of the neck of the bladder, causing frequent micturition, a favorite as well as efficacious prescription is the following, of Prof. Pancoast:—

℞ Lupulinæ . . . . . 3 j.
Tinct. opii. camph. . . . . f ʒ j.
Infus. buchu . . . . . f ʒ iij.
Syr. d. orgeat . . . . . f ʒ ij. M.
Ft. mist.

SIG.—A teaspoonful to a dessertspoonful, in water, four times a day.

To render the above still more useful, an opium suppository, gr. ss., may be placed in the rectum morning and evening.—*Col. and Clin. Record*, March.

Caffeine in Bright's Disease.—Gubb states that he has employed this drug, in doses of five grains three times a day, in Bright's disease, in cases in which the urine was very scanty and loaded with albumen, and ascites and general œdema were marked. After four days of treatment, the amount of urine was increased sixfold, and threatening uræmic symptoms disappeared. Under a persistent use of the drug, the albumen was reduced to a trace, cerebral and ocular disturbances vanished, and the patient was practically cured.—*N. Y. Med. Jour.*, March 28th.

Sexual Atony.—When there are present relaxation of the genital organs, diurnal losses, and inaptitude for coitus, from irritability, Prof. Bartholow states that the following may often be found very useful:—

℞ Ergotin (aqueous extract) . . ʒ j.
Sanguinarinæ . . . . . gr. ij. M.
Ft. pil. No. xx.

SIG.—One pill three times a day.

—*Col. and Clin. Record*, March.

VENEREAL.

Syphilis and Carcinoma.—The relations between these two affections have been studied chiefly by Verneuil, but in a recent article Dr. Ozenne (*Archives méd. Belges*) treats at some length of the characteristics of this hybrid condition as it is observed in the buccal cavity. The paper has to do only with cancer as associated with the tertiary manifestations of syphilis, for hitherto the disease has not been observed in connection with the earlier syphilitic lesions. The hybrid affection is seen under three forms: the sclero-cancerous, the gummo-cancerous, and the sclero-gummo-cancerous. In the first of these forms the cancerous tumor usually appears first, though sometimes the syphilitic lesion precedes, and then suddenly we have presented a mixture of the carcinomatous neo-formation with the alterations of sclerotic glossitis. The tongue is increased in volume, and at a certain point the cancerous tumor is seen as an irregular induration of variable size, either projecting above the surface if the neoplasm is superficial, or under the form of an elastic, resisting, submucous tumor, with indurated base, if the epithelioma is of the interstitial variety. Alongside of this part invaded by the cancer are seen the indurated lesions of the syphilitic affection, over which the mucous membrane appears smooth, glistening, and pale. More frequently, however, we have a dermo-parenchymatous glossitis, the induration of which, instead of being lamellated is diffuse and deep, and gives to the finger a peculiar, dry, hard feeling. In the gummo-cancerous form, the two diseases are so blended together that the characters of either are almost wholly lost. There is a deep ulcer, the base of which is indurated as in cancer, but whose edges are not sharply cut, and it does not bleed as does the cancerous ulceration. The third form

is still more complex. Gumma, carcinoma, and dermo-parenchymatous sclerosis are associated together in variable proportions, sometimes one or the other being the most distinct, and sometimes all being blended together in indistinguishable confusion. As regards the functional symptoms of this hybrid affection, they are less severe usually than when either one of the lesions occurs separately. Thus hemorrhage is rarely seen, and the pain which accompanies cancer is often wanting. The prognosis, however, is, unfortunately, always that of carcinoma. Yet treatment with the iodides should be tried whenever it seems probable that a syphilitic lesion is engrafted upon the cancerous one, but mercury exerts a most injurious effect upon cancer of the mouth, and should therefore never be exhibited.—*N. Y. Med. Record*, March 14th.

Chancre of the Tongue from Use of a Spoon.—In the *Meditz. Obozrenie*, No. 21, 1884, p. 779, Dr. A. Nevsky, of Gorokhovetz, reports a case of hard chancre of the inferior surface of the left half of the tongue in a *virgo intacta*, aged twenty-one, waitress at a rustic inn. The patient was first seen two months after she had noted the ulcer, and then presented enlargement and induration of the submaxillary, lateral, cervical, axillary, cubital, and inguinal lymphatic glands, papules of the angles of the mouth, and typical roseolæ over the neck, chest, and arms. The author believes that the patient contracted the ulcer through using a spoon after a syphilitic visitor.—*London Med. Record*, March.

Extragenital Chancres.—This paper (*Annales de derm. et de syph.*, Nos. 6 and 7, 1884) contains an account of all the cases (twenty-seven in number) under the care of M. Fournier during one year at the Hôpital St. Louis, in which the initial lesion of syphilis was seated elsewhere than on the genital organs. Of the twenty-seven cases, the seat of the initial lesion was one or other of the lips in ten; the eye and eyelids in five; the cheek in two; and the anus in two cases; while the nose, the ear, the neck, the arm, the finger, the breast, the leg, and the thigh were affected in one case each. In five instances the disease was conveyed through biting by syphilitic persons; twice, probably, through kissing. Two of the patients were children three years old, and both appeared to have been infected by one or other parent. In one case a woman was infected by her husband sucking her breast; and in another a man was infected on the thigh by his wife, who was manifestly syphilitic. In sixteen of the twenty-seven cases, the mode of contagion was not ascertained. In all, the diagnosis was confirmed by the appearance of secondary symptoms in due course. Ten of the cases are given in detail. The paper concludes with some remarks on the initial lesion of syphilis as it affects the eye and eyelid; the two most important diagnostic signs being the accompanying glandular enlargement, and the slow course of the affection.—*London Med. Record*, March.

Contra-Indications to Mercury in Syphilis.—At the recent meeting of the British Medical Association, A. Cooper, F. R. C. S., read a paper on syphilis. After pointing out the great value of mercury in the treatment of the disease, and the necessity for prolonged courses of the drug, he draws attention to the contra-indications, which many physicians are apt to overlook or to neglect. Mercury should not be given to phthisical subjects, unless the chest affection is slight and the patient's health is good in other respects. When albuminuria exists mercury must, of course be withheld, unless there is reason to believe that the renal affection is due to syphilis. When syphilis exists in scrofulous subjects, if the symptoms of scrofula are not very severe, mercury may be given with care in small doses. Mercury is contra-indicated in profound anæmia, when non-specific. The least symptom of sloughing or phagedæna should prevent any thought of administering mercury. If any of these complications set in during a course of the medicine, it should be at once discontinued. Alcohol and tobacco should be avoided or used sparingly during a course of mercury. Exercise and fresh air tend to prevent salivation; and the skin should be kept perfectly clean. Confinement to the house is desirable when any eruption appears.—*N. Y. Med. Record*, March 14th.

Syphilitic Re-Infection.—In the *Meditz. Obozrenie*, No. 21, 1884, p. 777, Dr. A. Zabolotsky, of the Miasnitzky Syphilitic Hospital, Moscow, details a case of a peasant, aged twenty-two, who after having been once treated and cured of syphilis by the author, eighteen months later was again admitted to the same hospital with: 1, typical hard chancres of five weeks' stand-

ing; 2, induration of the inguinal, cervical, and cubital lymphatic glands, and of the lymphatic vessels on the dorsum penis; 3, roseoloid syphilides of the belly, and papules of the scrotum, on which subsequently condylomata around the anus and gingival plaques supervened. The author does not entertain any doubt that he had to deal with a case of second infection from syphilis. A similar case was reported in 1875 by Dr. Pospeloff, of the same hospital. —*London Med. Record*, March.

Specific Disease of the Spinal Cord. —This case presented at Prof. Bartholow's clinic: You notice the peculiar manner in which he stands when his eyes are closed. It is with difficulty that he can cross one leg over the other. The patella reflex on the right side is well marked; on the left it is not quite so distinct. He has some pain in the calves of the legs. These first appeared ten weeks ago. He has never had any trouble in vision, and has never had double vision. The trouble in walking has developed within a year. He has nocturnal emissions. There is lessened sensation in the bottoms of the feet.

Now what is the explanation of the rapid development of this case, for these are in large part the symptoms of posterior spinal sclerosis? It has not been evolved in the ordinary manner. The symptoms have developed in an irregular way within the past twelve months. There must be some explanation of the rapid evolution of these symptoms and of their irregularity. This, I think, we find in the condition of the tongue. You see the characteristic mucous patches. In other words, this is a case of specific disease of the spinal cord.

As the spinal cord is in danger, it will be well to use mercurial inunctions in combination with the internal administration of the green iodide, one sixth of a grain of which, with one fourth of a grain of the extract of belladonna, will be given three times a day. A little opium will be added if it is necessary. One drachm of mercurial ointment will be rubbed into the groins and inner side of the thighs every day, attention being paid to the condition of the mouth, as it is important to avoid salivation, for these cases do better if the mercurial impression is not carried so far.—*Col. and Clin. Record.*

Syphilis—Tertiary—How to Give Iodide of Potassium.—Dr. William A. Hammond, urging that the drug must be given in large doses, thus concludes: Iodide of potassium is one of those remedies that are rapidly eliminated from the system, and which, therefore, are inert, or almost so, if the dose be maintained at a fixed quantity. It should, therefore, in order to secure its full effect, be given in what the late Dr. E. H. Clark, of Boston, called the "continuing dose," *i. e.*, in increasing doses. With large doses, I am satisfied that many cases of syphilis of the nervous system are curable, and unless the doses are gradually increased, the stomach is not apt to bear them well. In taking care to give it after meals and in a large quantity of water, a dose of two hundred grains will be as well borne by the stomach and the system generally, as one of five grains. Large doses should not be gulped down at a single draught. A dose of from fifty to two hundred grains should be taken in from half a pint to a pint or more of water, and the patient should take it by sips during fifteen minutes or half an hour. In this way I am satisfied its action is increased and the liability to derange the stomach reduced to a minimum.—*New Eng. Med. Mo.*

Syphilis Treated by Inunction with Mercurous Oleate.—Prof. M'Call Anderson is of opinion that the best method of introducing mercury into the system is through the skin. He has long been in search of some application which would be equal in therapeutic action to the ordinary blue ointment, but have the advantage of being cleanly. He has found this in "Shoemaker's white mercurous oleate ointment."—*Glasgow Med. Jour.*, March.

Syphilis and Whooping-Cough.—Mr. Luton, according to the *Revue médicale*, was taking care of two children, brother and sister, both affected with the whooping-cough. One day he observed on the lips and tongue of the little boy certain whitish-gray patches of a syphilitic appearance. He administered 0.002 of the bichloride daily. The cough diminished rapidly. Seeing such good results in the boy he gave a similar treatment to the sister with like gratifying results. In eight days the cough had lost its characteristic whoop.—*Weekly Med. Review*, March. 7th.

Syphilitic Onychia.—In the dry form of syphilitic onychia the diseased part should be protected against friction by

means of a glove finger or rubber tip, or should be occluded by a dressing of soap plaster. In the inflammatory form, emollients should be used in the earliest stage, then occlusion by bandaging with emplastrum de Vigo. The same means are advised against ulcerous onychia. Prof. Fournier speaks, *L'Union méd.*, highly of dressings of iodoform; if the ulceration is rebellious, it should be treated with tincture of iodine or nitrate of silver; the acid nitrate of mercury may also be employed, with suitable precautions. Finally the nail should be removed as soon as possible.—*Jour. Cutan. and Ven. Dis.*, March.

Cocaine in Chordee.—A correspondent writes: "I have had two cases recently of chordee, accompanying gonorrhœa, which have yielded easily to the soothing influence of an injection of hydrochlorate of cocaine. In the first case I had exhausted almost every thing in my efforts to relieve. It was one of those obstinate cases with which we meet sometimes, and which seem to defy all treatment. I gave this man an injection of ten drops of a four-per-cent. solution, mixed with thirty drops of water. After this injection was introduced, I worked it along the urethral canal until the mucous surfaces were bathed in the solution. I then allowed it to remain several minutes. From this time out, I had no further trouble with either the chordee or the patient. The second case yielded a like result."—*New Eng. Med. Mo.*, Feb.

Chordee—Brom. Camphor.—Bromide of camphor is worthy a trial in chordee.—*Med. Summary*, March.

Syphilitic Ulceration of Tongue and Mouth.—In syphilitic ulceration of the neighboring parts of the mouth, the following wash may be used two or three times a day with excellent effect:

℞	Hydrargyri perchloridi . .	gr. ii.
	Acid. nit. dil	♏. xx.
	Spir. rect.	ʒ j ss.
	Aquæ.	O j.

—*Medical World*, March.

Lotion for Syphilitic Spots.—Mauriac (*Union méd.*) recommends the following:

Bichloride of mercury . .	3 grains
Chloride of ammonium . .	10 "
Cologne, water	10 drachms
Distilled water	3 ounces.

—*N. Y. Med. Jour.*, March. 14th.

Syphilis and Sodomy.—Dr. Amos Carter reports the following case: I have had a case of syphilis that is of interest only from the manner in which it was contracted and the location of the chancre. The patient was a boy aged fifteen years. He was admitted to the Indiana Reform School for Boys Oct. 21, 1884. About the first of November he complained of soreness in the anal region, and examination revealed a chancre about one half inch from the opening of the anus. He said that he had been confined in jail with a "man who was in for attempted rape," and who had syphilis; that it was contracted "by using the same closet the man did." By close inquiring, the boy acknowledged that the demon with whom he was confined had induced him to consent to sodomy. This revealed the means and source of contagion.

The case got along reasonably well; the rectal wall was somewhat thickened, but he will make a very good recovery.

Such occurrences as this being possible, our county jails ought to be so arranged as to keep boys separated from older and more hardened criminals.—*Indiana Med. Jour.*

OPHTHALMIC.

Removing a Cinder from the Eye—Hair Loop.—William Deming, M. D., Litchfield, Conn., writes: Recently while riding on the cars on one of our New England railroads I was unfortunate enough to get a cinder in my eye. After vainly trying to extract it myself I went up to one of the brakemen and asked him if he could not remove it for me. He lifted the lid and catching sight of the little foreign body, he said very quickly, "Oh, yes!" and pulling from his head a long hair he made a loop of it, and passing it over the conjunctiva, he very quickly removed the particle. The manœuvre was so simple and successful, and to me new, that I thought it worth sending to your monthly clinic.—*New Eng. Med. Mo.*, March.

Syphilitic Periostitis or Gumma of the Orbit.—Hunicke reports a very interesting case of this nature, in the person of a woman, aged twenty-nine, who had suffered for two years from intense headache and pain in the region of the right infra-orbital nerve. Eight months before she was seen she was unable to close her right

eye, and there was ectropium of the lower lid. The facial paralysis came on gradually, and disappeared again after two months' duration. Then a swelling appeared on the centre of the forehead and grew slowly until it acquired the size of an ordinary hazel-nut. It was round, hard, somewhat red, and painful. After a few weeks this tumor diminished gradually, but during all this time there was intense pain in the right orbit, and she began to have diplopia. On examination, there was found a circumscribed roughness, as large as a dime, on the os frontis, with exophthalmus of the right side, the eye being turned outward as well as pushed forward, and the diplopia crossed. There was but little motion to the eyeball. There was almost complete ptosis. The upper and inner portion of the orbit was occupied by a round, semi-hard tumor, as large as a cherry, immovable, broader at the base than at the apex, with a smooth surface and of uniform consistence. The optic disc was pale. The patient was placed under the influence of iodide of potassium internally and mercury by inunction, as rapidly as possible, and in six weeks all signs of the tumor had disappeared, the exophthalmus had subsided, and single vision was reëstablished.—*N. Y. Med. Jour.*, March 21st.

Retinal Hemorrhages in the Course of General Arterio-Sclerosis.—Artigalas, in a contribution to the semeiology of hemorrhages of the fundus, draws the following conclusions: 1. Retinal hemorrhage with traumatism is always the result of a lesion common to the cerebral arteries. 2. Retinal hemorrhage is always followed by cerebral hemorrhage if the degenerative process continues. 3. Retinal hemorrhage is observed in parenchymatous epithelial albuminous nephritis, as well as in interstitial nephritis. 4. Retinal hemorrhage is always one of a group of symptoms in which are associated one or more lesions of the heart, kidneys, lungs, and brain. 5. With whatever symptoms retinal hemorrhage may be associated, it is always dependent upon the fibrous degeneration of the arteries.—*N. Y. Med. Jour.*, March 1st.

Blindness Due to Lead-Poisoning.—In No. 24 of the *Berlin med. Wochensch.*, Dr. R. Lubrecht describes a very interesting case of lead-poisoning. After the usual symptoms of intoxication by lead had made their appearance for some time, the patient became somnolent and confused, and suddenly blind. Neither of the pupils evinced the least reaction to light. The ophthalmoscopic examination showed a slight opacity of the peripheral part of the papilla and its neighborhood. After a few weeks, gradual improvement of the other symptoms was accompanied by disappearance of the amaurosis. Dr. Lubrecht believes that in these cases of blindness a palpable disease of the optic nerve exists, which probably corresponds to the primary stage of the chronic saturnine neuritis. This kind of amaurosis might be mistaken for the uræmic form caused by diffused kidney disease, if due to lead-poisoning, were it not for the fact that in the latter variety the reaction of the pupils is retained, while, as above mentioned, in cases of blindness produced by saturnine brain lesion the reaction is nil. A great deal regarding the final result depends upon early treatment—removal of the cause and the internal administration of iodide of potash, to which chloride of sodium has been added, being our only therapeutic means.—*Midland Med. Miscel.*, Feb.

Atrophy of the Optic Nerves After Mumps.— Disturbance of vision after mumps is not very frequent, and but few instances have been reported. In the case reported by Jalou (*Arch. de méd. militaire*), the patient was a young soldier who was attacked by mumps and orchitis during a short epidemic. After the subsidence of the disease and the patient was discharged from the hospital, he noticed that his vision was becoming gradually worse in the right eye. An ophthalmic examination showed the disturbance to be due to optic neuritis. In the course of time the symptoms increased until the blindness became complete. The question here arises, How was this accident caused? It is highly probable that it was due to some intracranial disturbance secondary to the mumps. [Mumps more frequently causes deafness, sometimes complete, with all the evidence of having its seat in the labyrinth, which may be transmitted through the middle ear from the parotid gland. The only hope of treating these cases is to watch carefully, and treat the case before the labyrinth becomes involved, by revulsives and counterirritants. Treatment of disease of the labyrinth has

been very unsuccessful.—REP.]—*Cin. Lan. and Clin.*, March 28th.

Treatment of Ulcus Serpens Corneæ by Erosion and the Application of Iodoform.—Meyhöfer, in a long article upon corneal ulcers in general and the ulcus serpens in particular, finds that the purely medical treatment gives very unfavorable results, even when iodoform is used locally. But, when the surface of the ulcer and its cavity have been carefully scraped or scooped out clean, the application of iodoform gave much better results. In many cases, however, the iodoform failed in producing any benefit until the cornea had had been split according to the directions of Saemisch, but modified by Meyhöfer, in that the incision is not carried through the ulcer, but merely through the healthy tissue on each side of it. In many cases where recourse has been had to the corneal incision, the daily application of iodoform to the ulcer hastens the recovery very decidedly.—*N. Y. Med. Jour.*, March 21st.

Iodoform in the Treatment of Gonorrhœal Ophthalmia.—Guarita in *Jour. de méd. de Paris*, speaks of treating a case of blennorrhagic conjunctivitis on the following plan: Every morning the eye was bathed with a solution of boracic acid. After this the *cul-de-sac* was filled with iodoform. The eye, to complete the dressing, was covered with iodoform gauze and guttapercha cloth. There was very little pain resulting from this dressing. When pain did occur, it was attributable to some coarse particles in the iodoform. [In the above method it would be safe in making the following criticism: The employment of the boracic-acid solution was sufficient to bring about a cure without the help of iodoform. Then covering the eye with iodoform gauze and guttapercha cloth, with the eye in an inflammatory condition, is, in our experience, contra-indicated. Cleanliness and frequent bathings during the day with a solution of boracic acid is all that is necessary in all cases, unless other structures become involved, which must then be treated accordingly.—REP.]—*Cin. Lancet and Clinic*, March 28th.

Melanotic Sarcoma of the Conjunctiva.—Lagrange (*Arch. d'ophthal.*), from his own experience and from the published reports of cases of melanotic sarcoma of the conjunctiva, draws the following conclusions: 1. The external melanotic sarcomata of the eye are developed exclusively in the conjunctiva. 2. These tumors are developed especially at the expense of the limbus, or union of the sclerotic and cornea. 3. They extend over the eyeball, covering the sclerotic and cornea, which, however, take no part in their development, and are but little affected by the growth of the neoplasm. 4. Though the development of these tumors is remarkably slow and their nature apparently benign, their structure is that of malignant melanotic growths; hence they should be removed at once and completely.—*N. Y. Med. Jour.*, March 21st.

Oleate of Cocaine in Eye Diseases.—Dr. Chas. J. Lundy, of Detroit, Mich., calls attention to the oleate of cocaine as a superior preparation to the muriate. He has conducted numerous experiments with this salt, and has tested its therapeutical value in a number of eye diseases. One advantage is that of economy, as a much smaller quantity may be used, probably because it is not diluted and washed away by the tears. The anæsthetic effect with a five-per-cent. solution was found to be much greater than with a like quantity of the muriate. Within two minutes after the placing of one drop in the eye, the sensibility of the cornea and conjunctiva was almost entirely abolished, and in three minutes there was absolutely no sensation. With a single drop the period of complete anæsthesia was short—not over seven minutes—and in fifteen minutes the sensation was nearly or quite normal. In eight minutes after the instillation of one drop, the pupil was perceptibly enlarged, and in twelve minutes it was widely dilated. In ten minutes there was slight failure of accommodation, but it was at no time very marked. The effects upon the pupil lasted several hours. In experiments in which one drop was placed on the conjunctiva every three minutes for four or five times, a considerable influence was exerted over the ciliary muscle; there was much greater failure of accommodation than the author had ever observed from a very free use of the muriate. The contractile power of the ciliary muscle was completely restored in two or three hours, but the pupil did not return to its normal size, after the instillation of several drops at short intervals, until the expiration of twelve or fifteen hours. The oleate has given great

satisfaction also when employed therapeutically. In granular lids with photophobia and blepharospasm, in phlyctenular keratitis, etc., cocaine, and especially the oleate, is a most valuable drug. The oleate is much preferable when there is considerable lachrymation, as an aqueous solution is liable to be washed away before it performs the work required.—*N. Y. Med. Record*, March 7th.

Astigmatic Blepharospasm.—Martin gives the result of his examination of five cases of chronic spasm of the eyelids of astigmatic origin. In all there was asymmetry of the meridians, with the greater spasm on the side of the greatest anomaly. The cure was effected promptly with atropine and cylindrical glasses. He assumes that blepharospasm due to astigmatism is more frequent than that due to any other form of ametropia. Hence every case of blepharospasm should first be examined as to the refraction of the eye in its various meridians, and the patient should then be placed under the influence of atropine. At the same time the state of the branches of the fifth nerve should be examined, so as to exclude all possibilities of reflex action from this side through the medium of the facial nerve.—*N. Y. Med. Jour.*, March 21st.

Ointment for Eczema of the Eyelids.—Galezowski (*Union méd.*) proposes the following;

Oil of cade	4 minims
Red precipitate	1½ grains
Camphor	4 grains
Vaseline	2½ drachms.

Apply to the eczematous patches on the nose and lids of scrofulous children.—*N. Y. Med. Jour.*, March 7th.

Favus of the Eyelid.—Mr. McHardy, at the Ophthalmological Society of the United Kingdom, showed, microscopically and by drawing, a case of favus of the eyelid. Favus, he said, was a rare disease in the metropolis, and it was still more rare that it should occur singly and on the eyelid where there was not much hair. In his case the growth had been very rapid, and there had appeared to be, before the true nature of the affection was recognized, deep ulceration. The scab was thick, there was pitting in the centre, and it caused much pain. Arguing from analogy, in mice, rats, and canaries, where, when the disease once reaches the cornea it destroys the eye, he had at once excised the whole growth, and cauterized the base with the actual cautery. He wished for an opinion as to whether this was the right treatment.

The President, Jonathan Hutchinson, F. R.S., had never seen favus occur on the eyelid, and thought it was a very rare condition; single patches on the naked skin were, in his experience, easily cured by free scraping, but when on the scalp the disease was very intractable.—*London Med. Times*, March 21st.

Foreign Body in Cornea for Two Months—Easily Removed After the Application of Cocaine.—A. MacGregor, M.B., C.M., assistant medical officer to the Aberdeen Hospital for sick children writes: A farm servant, while engaged working at a threshing machine, was struck on the right eye by part of a husk of corn with such force that it was firmly embedded in the substance of the cornea. He consulted me two months afterwards, and at that time, near the inner edge of the cornea, there was a large ulcer, the floor of which was covered with grayish lymph, but I could see no foreign body. The man, however, said he was certain the offending particle was still there. I applied solution of hydrochlorate of cocaine, in ten minutes the cornea was insensitive, I gently scraped the lymph away, and, much to the delight of the patient, removed a thin piece of husk more than an eighth of an inch long and a sixteenth broad.

Considering the length of time the foreign body was allowed to remain in the cornea, the signs of irritation were wonderfully slight, due, no doubt, to the atropine ordered by the gentleman who saw the patient soon after he received the injury.—*London Med. Times.*

Dermo-Epithelioma of the Cornea.—Parinaud, in a short paper upon this kind of growth (*Arch. d'ophthal.*), which he regards as new and undescribed, gives the clinical characteristics of the neoplasm as follows: Of a reddish-yellow color, semi-translucent aspect, surface sometimes lobulated, situated close to the margin of the cornea, generally the external, tends to spread superficially and to extend around the greater part of the margin of the cornea; there is no deep ulceration; and the growth is freely movable over the sclerotic. Most of the patients affected by

this growth are quite young.—*N. Y. Med. Jour.*, March 21st.

Cocaine Disks.—Dr. Joseph E. Warren, of Boston, suggests that the most convenient form for using muriate of cocaine in ophthalmic practice, is that of gelatine disks. He has used these disks with much satisfaction. Each one contains about half a drop of an eight-per-cent. solution (gr. $\frac{1}{25}$). This is a more economical method of applying the drug than that of using a solution.—*Med. and Surg. Rep.*, March 28th.

AURAL.

Involvement of the Lateral Sinus of the Dura Mater in Mastoid Disease.—It is well known that suppuration of the mastoid process of the temporal bone may involve the lateral sinuses and also invade the internal jugular vein itself. Prof. Taufal described an extreme case before the Medical Society of Prague (*Wien. med. Woch.*, No. 49, '84.)

An otitis media suppurativa having extended into the mastoid cells, necessitated trepanation of that region. The patient was a man aged twenty-four years, who since childhood had suffered at intervals from ottorrhœa, and now showed symptoms of thrombus of the lateral sinus. At the depth of 1 ctm., T. came upon a mass of pus and cholesteatomatous matter, which was washed out. In the hinder part of the cavity a membrane was exposed; this was taken for the outer wall of the sigmoid sinus where the lateral sinus grooves the mastoid.

The patient not long after died, when it was found that the internal jugular was completely closed at the jugular foramen with a firm thrombus, and that the supposed external wall was actually the inner wall of the sinus; this of course had been opened. This closure of the vein had prevented the disinfecting injections from entering its cavity.

Taufal had some time prior suggested the propriety in such desperate cases of regularly proceeding to the relief of the diseased sinuses. He had recommended ligation of the jugular vein, opening the mastoid and the thrombosed sinus, which was to be evacuated and disinfected, then the internal jugular itself, if involved, was to be likewise treated.

In the case described these acts were unconsciously fulfilled.

It seems as though modern practice may venture upon the most daring surgical attempts with hope of success in desperate cases; the method of Prof. Taufal is sufficiently daring, yet it is the only one that can give the patient any hope under the conditions detailed. Perhaps, doubt might be raised whether the whole system is not too far infected in such cases for relief.—*St. Louis Cour. Med.*, March.

Chronic Inflammation of the Eustachian Tube and Tympanum.—Gampietro (*Arch. di Otojat.*) recommends the following solution, which can be applied by means of a suitable syringe:

Tannic acid	15 grains.
Salicylate of sodium . . .	1 drachm.
Distilled water	1 quart.

For chronic catarrh of the external ear he recommends this preparation:

Laudanum	3 minims.
Sulphate of zinc	4 grains.
Rose-water	6 drachms.

To be instilled three times a day.—*N. Y. Med. Jour.*, March 7th.

Hemorrhage from the Ear—Ligature of Common Carotid Artery.—Mr. Bennett May showed, at the Midland Medical Society, a girl whose common carotid artery he had ligatured for hemorrhage from the external auditory meatus, undoubtedly due to erosion of the internal carotid artery occurring during the fourth week of an attack of scarlatina. The case had been previously reported to the Society in an incomplete form. Since then, certain nervous symptoms, which attended the application of the ligature, had been investigated by Dr. Suckling, whose report was appended. The girl had thoroughly recovered, and Mr. May remarked that the case appeared to be the only successful one of the kind recorded. Politzer stated that thirteen cases of a similar nature were to be found scattered throughout surgical literature, and that every one of them had terminated fatally.—*Birmingham Med. Rev.*, March.

Method for the Mechanical Treatment of Chronic Middle-Ear Diseases, Causing a Disturbance of the Mobility of the Ossicles.—By Prof. Lucae, Berlin. The affection in question here is one that affects the conducting apparatus, and is the same as is described by other authors as sclerosis of the tympanum, dry catarrh, adhesive processes of the tym-

panic cavity, anchylosis of the ossicles of the ear, hypertrophic inflammation of the middle ear. Until now the treatment of this disease consisted in the employment of the air douche. Air was forced into the middle ear through the Eustachian tube to cause a breaking up of the anchylosis existing between the bones of the ear or between the bones and the walls of the tympanic cavity. According to Lucae this treatment has the effect of forcing the drum membrane out, but it seldom has any effect on the adhesions between the bones. L. proposes to make direct pressure on these bones to break up the adhesions. The small process of the malleus is not so very sensitive on this point. L. made pressure with a cotton-wrapped probe; the results being encouraging he made further observations. He constructed a small instrument for the purpose of making pressure that can be regulated. The instrument is introduced and the compression of a small button causes an action of a spiral spring against the point of resistance.

The author has treated forty-four cases with the following results: In seven cases no results; in fourteen cases slight improvement; in ten good results, and in thirteen cases very good results.

Of ten cases that were only treated two times there was no improvement noticeable in one case, in two slight improvement, in five cases the results were well marked, while in the remaining two the result was excellent. — (TANGEMAN)—*Cin. Lan. and Clin.*, March 14th.

Deafness from Enlarged Tonsils—Operation.—Dr. James A. Hopkins, Milton, Del., reports the following: Five years ago a little boy came under my care suffering with acute tonsillitis, for which I treated him in accordance with the symptoms, and, as his parents and myself thought, successfully; but within a few months we found a return of the disease, with more force, if possible, than at first, with no disposition to yield. In the course of a few weeks the symptoms somewhat abated, and he was restored to his usual health, with the exception of induration and enlargement of the tonsils. In a short time the disease repeated itself, and we then found that the sense of hearing was becoming much impaired, due, of course, to obstruction of the Eustachian tube. The tonsils gradually became larger, and soon it was with the greatest difficulty that he could swallow the blandest of fluids; his breathing while asleep was of the most distressing character, with great danger of suffocation. I was again and again appealed to, to know if there was nothing more that I could do in the way of relief. My answer was that excision of the glands was the only expedient known to me, and that alone offered any possible shadow of relief. The parents naturally hesitated, but finally gave their consent to the operation, which I performed with the tonsillitome, when, to the astonishment of the patient and all present, he at once declared that he could hear as well as he ever did, at the same time stating that the operation was attended with a sharp crack, not unlike the firing of a small pistol. From that time he has enjoyed good health, with the sense of hearing and breathing in perfect order, and I am not saying too much when I assert that the restoration of these was entirely due to the operation of excision of those glands.—*Col. and Clin. Record*, March.

Boxing Children's Ears.—The following verdict, returned by a coroner's jury, is worthy of being placed on record as a reminder to parents, teachers, and others whom it may concern: "That the deceased died from the effects of tuberculosis of the brain and abscesses of the eye and ear, and that the said death arose from natural causes. But having heard in evidence that the teacher was in the habit of striking the deceased on the ears at school, they would strongly condemn such a system of corporal punishment, with a view of preventing the same in other cases, and they would point out that in the present case the dulness of the deceased at his school work, for which he was punished, was due to physical causes over which the deceased had no control."—*London Med. Times*, Feb. 28th.

Eczema of the External Ear.—A disease quite frequently noticed among children, and very tedious to treat, yields in many, if not all, instances to the action of boracic acid in ointment form. Usually the auricle meatus and sometimes the side of the face are covered with a thick crust of dried secretions. In order to successfully treat a case of this kind, the secretions must be softened by means of a poultice or applications of vaseline, and then be care-

fully removed; even though the surface bleeds, the scales must be most scrupulously removed, or the time spent in treating the patient is wasted. In fact it is not so necessary to advocate the employment of certain remedies as it is to insist on absolute cleanliness by the use of warm water and soap daily. Boracic acid and vaseline, equal parts, may be thoroughly mixed and applied to the inflamed skin; or weaker preparations can be tried first. We may call attention to the fact here that pure preparations of vaseline must be used, or they will act as irritants. Even in strumous children we have never known this remedy to fail when diligently applied.—*Med. Summary*, Feb.

Otorrhœa in Children.—On the first appearance of pain or tenderness in the region of the mastoid bone and around the ear a strong solution (3 ss. to ℥ j.) of nitrate of silver, should be painted over the parts, and followed up by warm fermentations or opiated poultices. A good application for the meatus is made with equal parts of glycerine of tannin, and glycerine of borax, warmed, or 4 grains each of carbolic acid and sulphate of zinc, in an ounce of water. The use of the Politzer bag is also a useful adjunct to this treatment.—*Med. World*, Feb.

Otitis, Chronic—Calendulated Boracic Acid.—For chronic suppuration of the middle ear, Dr. Prout, of Brooklyn, N. Y., recommends the following:

Tincture of calendula	f 3 j.
Boracic acid, in finest powder . .	3 j.

Mix, and expose for evaporation. When fully dry, add to the above:

Boracic acid, 3 ij., and rub into a very fine powder.

To be blown into the ear after dry cleaning.—*Druggists' Cir.*, March.

Cocaine Hydrochlorate in Otalgia Due to Catarrhal Inflammation of the Ear.—Henry Reder, M.D., Aurora, Ill., writes:—After treating a case of severe otalgia with all ordinary remedies, including the hot-water douches, leeches to the tongue, and paracentesis of the membrana tympani, without much relief, I thought of cocaine hydrochlorate. I inserted into the vial of the atomizing tube of a Codman & Shurtleff steam atomizer a four-per-cent. solution, and advised the patient to fill her mouth with the spray, close her lips, expand her cheeks, and so force the vapor into the Eustachian tubes; this was repeated at intervals of three minutes. I then adjusted the nasal tube of the atomizer, inserted it into the external auditory meatus, and also sprayed the external canal at intervals of three minutes. After fifteen minutes from the last application the patient was wholly relieved, and passed a comfortable night.—*Therap. Gaz.*, March.

Precaution in Otorrhœa.—In prescribing powders and drops for otorrhœa, care should be taken to ascertain that the Eustachian tube is in a patent condition before the meatus is closed externally by plugs of cotton-wool; otherwise the pus may form a perforation in a dangerous direction, having no other available mode of exit, for it will not often burrow through the mastoid cells.—*Med. World*, March.

Liniment for Earache.—Dr. Carlos Pavesi recommends (*El Sentido Católico en las Ciencias Médicas*) a liniment composed of camphorated chloral, 2½ parts, pure glycerine, 16½ parts, and oil of sweet almonds, 10 parts. This is to be well mixed and preserved in an hermetically closed bottle. A pledget of very soft cotton is to be soaked in the liniment and then introduced as far as possible into the affected ear, two applications being made daily. Frictions may also be made each day with the preparation behind the ear. It is claimed that the pain is almost immediately relieved, and even in many cases the inflammation is subdued.—*Midland Med. Miscel.*, March.

Deaf-Mutism and Consanguineous Marriages.—At the annual meeting of the Newcastle Throat and Ear Hospital, held recently, Dr. Ellis, the medical officer, stated that a great number of the deaf-and-dumb children were the offspring of parents who were cousins. It is not sufficiently known that deaf-and-dumb children were increasing from parents who were nearly related.—*London Med. Record*, Feb.

Foreign Body in Ear—Wire Loop.—To remove foreign bodies from the ear Mr. Jonathan Hutchison recommends the introduction into the ear of a loop of small flexible silver wire. This being hooked about the foreign body, permits of its ready extraction.—*Detroit Lancet.*

DERMAL.

Tartrate of Antimony in the Treatment of Certain Diseases of the Skin.—John Kent Spender, M.D., Lond., physician to the Mineral Water Hospital, Bath, in a lengthy communication on this subject, observes: All authorities agree on the influence of tart. antimony over acute bronchitic and pneumonic diseases. The physiological anatomy of skin and of mucous membrane is so far identical, that their pathology must be to a large extent identical too. In acute dermatitis and in acute bronchorrhœa there is the same proliferation of epithelium, the same wasteful flux of serous or sero-purulent fluid. Now if tartrate of antimony controls the one, surely it may control the other; the outside of a man is as delicate as the inside in its obedience to the same laws of growth and of decay; and we should see the analogy without difficulty if the characteristic features of diseases of the skin were not veiled under an artificial terminology, based upon fanciful resemblances to other things. Words and phrases, drawn from confused metaphors, should not allure us from tracing the hidden agreements of apparently different diseases, for the right use of many remedies may depend upon this. Tartrate of antimony has no partiality for any special texture; its eclectic power makes it helpful in stopping the evolution of the inflammatory process anywhere—equally in solid glands and on free surfaces. And as inflammation may occur wherever there are nerves and wherever there are blood-vessels, so the remedial force of tartrate of antimony is co-extensive with every tissue of the human body. * * * nearly eighteen years ago I illustrated the thesis that tartrate of antimony may be given to an adult person every hour in the dose of $\frac{1}{16}$ of a grain, and repeated from sixteen to twenty times, with the certain result (barring very rare contingencies) of utterly dissipating an early *local* inflammation. In this manner one grain may be taken not only without causing the least poisonous commotion in the body, but sometimes without even the physiological ripple of an excess of sweating. The local disease (or threatening disease) is removed without the *toxic disease of the medicinal agent* taking its place. And all other things being the same, a metallic salt may thus work with certainty and safety, and its effect may be calculated with almost mathematical precision and definiteness.—*London Practitioner*, March.

Resorcin in Impetiginous Eczema of the Scalp.—Cattani (*Monatshefte f. prakt. Derm.*, 1884,) found that under the use of resorcin ointments the crusts dried rapidly and disappeared, leaving behind a red, sometimes bleeding, surface if the resulting scale was torn off. A few more applications serve to remove all trace of the eruption. Cattani's formula is,—

℞ Resorcin . . . . . gr. l. ad c.
Ung. petrolii . . . . ℥i. M.

—*Phila. Med. Times.* March 7th.

Application of Remedies in Collodion.—Barnes finds that wood-tar dissolves in collodion in the proportion of 1 to 4. An alcoholic extract of coal-tar reduced to a syrupy consistence dissolves in the same proportion. Half a drachm of iodine is taken up by an ounce of this solution. For oil of cade the proportion is 1 to 5; for gurjun oil, 1 to 3-4; balsam Peru and oleic acid, 1 to 4; glacial acetic acid and crystallized carbolic acid, 1 to 4; creasote and essential oil of mustard, 1 to 7; extract of belladonna, 1 to 8. Aconitine, atropine, and hyoscyamine dissolve easily; veratrine, by the addition of a little oleic acid, and morphine the same, as by the following formulæ: ℞ Veratrinæ, gr. vii.; collodii, ℥ vii.; acidi oleici, ℥ i., M., or ℞ Morphinæ, gr. iv. ad ix.; collodii flexile, ℥ vii.; acidi oleici, ℥ i., M. White precipitate, iodide of lead, iodide of cadmium, and sulphur dissolve (?) in the proportion of 1 to 7; oleate of mercury and oleate of zinc, 1 to 4. Iodide of sulphur cannot be employed in this combination, as it becomes decomposed.—*Phila. Medical Times*, March 7th.

Bromidrosis of the Feet.—Dr. J. S. Stewart, 1885, recommends as the most satisfactory treatment to have the feet thoroughly washed in hot water, then steeped for a few minutes in a solution of permanganate of potash of the strength of from four to six grains in the ounce of water. The feet are then dried, not to be again wetted until complete exfoliation of the tanned cuticle has taken place.

Hebra's lead-plaster ointment is then thickly spread on strips of cloth about one inch and a half broad, and the foot covered from the toes back over the heel as high as the malleoli with these, arranged

and applied like a scultetus bandage. Each toe should first be wrapped round with a strip of clean rag half an inch broad and thickly spread with the ointment. This dressing should be renewed every twelve hours with fresh rag and ointment, for a period varying from ten to sixteen days, according to the severity of the case and the thickness of the heel skin. In most cases the odor will be very much diminished by the end of the third day, and will not be perceptible by the ninth. The shedding of the skin takes place *pari passu* with the growth of the new cuticle, and may not be completed until the end of the third or even of the fourth week.—*Edinburgh Med. Jour.*, March.

Epitheliomatous Ulceration. — Dr. Tilden furnishes another of the now innumerable instances in which cocaine may be employed with advantage. The patient was the subject of a superficial epitheliomatous ulceration just in front of the ear, of the size and shape of a ten-cent silver piece. Its borders were supple, and its base consisted of soft, pale, and flabby granulations. Four drops of a four-per-cent. solution of the muriate were placed on the ulcer, which held the fluid like a little cup. During the next quarter of an hour two similar applications were made, and the diseased tissue was then thoroughly scraped out with a sharp spoon, the patient suffering no pain whatever. When this was finished, a fourth application was made, and a few minutes afterwards the wound was rigorously cauterized with nitrate of silver, the insensibility of pain remaining complete.—*London Med. Times*, March 14th.

Sycosis.—Dr. H. V. Hebra recommends the modified Wilkinson's ointment as an excellent application in sycosis. The formula is :

℞ Sulphur. sublimat.,
Ol. cadini . . . . . āā ʒ iv.
Saponis mollis,
Adipis . . . . . āā ℥ j.
Cretæ præparatæ . . . . . ʒ iiss.
M. Ft. ungt.

The hair on and around the affected part is cut short, and the scabs and crusts removed by the application of any simple ointment. After twenty-four hours the affected part is soaped, shaved, and thoroughly brushed with the Wilkinson's ointment. It is then covered with flannel and a bandage applied. The dressing is changed daily and the ointment washed off, and all the hairs which are surrounded by pustules are epilated and the pus squeezed out. This is continued so long as pustules form, but even in obstinate cases this ceases in about ten to fourteen days. In slighter cases there are no pustules after the first few days. The part is then shaved only when necessary for the proper application of the ointment. The tender scaling skin soon acquires, by the application of oxide-of-zinc ointment prepared with vaseline, its usual smoothness and appearance.—*Glasgow Med. Jour.*, March.

Urticaria and Asthma.—Dr. Percy Warner, Woodford, Essex, writes : The case of "Asthma Produced by a Linseed Poultice," recorded by Dr. Kingsbury in the *Journal* of Feb. 7th, reminds me of a case of urticaria recently under my care, in which attacks of asthma and of severe vomiting occurred several times during the illness. On two occasions I noticed patches of the eruption on the fauces, and regarded the attacks of asthma and vomiting as being occasioned by the occurrence of similar patches on the mucous membrane of the bronchial tubes and stomach. Possibly, in Dr. Kingsbury's case, the association of asthma and urticaria may be similarly explained. In another patient, the application of a linseed poultice is always followed by an eruption of urticaria. Another interesting fact, in connection with the first case, was the occurrence of an attack of acute rheumatism in the seventh week of the illness, and the disappearance both of the eruption (which until then had been unaffected by alkalies, arsenic, quinine, etc.) and of the rheumatism, four days after having been treated with salicylate of soda.—*British Med. Jour.*, March 7th.

Treatment of Lichen Ruber by Unna's Ointment.—Rockhart (*Monatshefte für prakt. Dermat.*) has cured in one month a case of lichen ruber acuminatus universalis by means of frictions twice a day over the whole body with the following :

Ung. diachylon . . . . 500.
Phenic acid . . . . . 20.
Sublimate . . . . . .50 to 1 gr.

—*Jour. Cutan. and Ven. Dis.*, March.

Salicylic Acid in Urticaria.—Lassar (*Monatshefte. f. prakt. Derm.*) gives the case of an otherwise healthy man who for six years had been subject to sudden and

severe attacks of urticaria, accompanied by feverishness and general malaise and without ostensible cause. The eruption was severe and general, even the mucous membrane being attacked.

Salicylate of sodium, in twenty-four grain powders, was ordered, to be taken the moment the symptoms appeared, and repeated at intervals of two hours until two more doses had been taken. Under this treatment the attacks were not only cut short, but reduced in frequency, none having occurred for two months at the time of the report.—*Phila Med. Times*, March 7th.

Professor Hardy's Itch-Ointment.—Naphthol, 10 parts; vaseline, 100 parts (*Union médicale*). The powdered naphthol is to be dissolved in half its weight of ether. This solution is to be mixed with a portion of the vaseline and heated to 30° or 40° C., until the ether has been entirely evaporated, when the rest of the vaseline is to be added, and the mass carefully triturated. The homogeneous ointment thus obtained is to be kept from the access of air. It may be applied at any stage of itch, and whether it is or is not complicated with other eruptions. The duration of the treatment varies from 10 to 15 days.—*London Med. Times*, March 21st.

Ichthyosis.—For a case of ichthyosis occurring in a boy aged twelve, Prof. Bartholow prescribed:

℞ Saponis mollis . . . . . ℥ iij.
Ol. cadini . . . . . ℥ j. M.

SIG.—Rub it into the skin thoroughly at night, after the removal of the scales.

He was also given:

℞ Ext. pilocarpi fluid. . . . . gtt. xv.

SIG.—Twice daily.

The dose to be increased until the full physiological effects are obtained.—*Col. and Clin. Record*, March.

Ointment for Ecthyma.—Besnier (*Rev. méd.*) employs the following:

Carbolic acid . . . . . 30 grains.
Vaseline, Starch } each . . . . . 3 ounces.

This preparation is especially recommended for eruptions of a parasitic origin.—*N. Y. Med. Jour.*, March 14th.

Antiseptic Spray in the Treatment of Erysipelas and Burns.—Verneuil (*Bull. gén. de thérap.*) exposes the affected parts to a spray of carbolic acid or hydrate of chloral (1 to 100) for several hours daily. In the intervals, compresses soaked in a two-per-cent. solution of carbolic acid are applied. He recommends this treatment, not only on account of the antiseptic properties possessed by carbolic acid, but because of its anæsthetic effect. The histories of a large number of severe cases are detailed, in none of which did any unpleasant symptoms follow the prolonged use of the spray.—*N. Y. Med. Jour.*, March 28th.

Resorcin in Ichthyosis.—Andeer (*Monatshefte f. prakt. Derm.*) recommends a three-per-cent. ointment of resorcin for use on parts slightly affected with ichthyosis, while on the more severely affected parts he uses an ointment of five to twenty-per-cent. strength, covering the parts afterward with cotton batting.—*Phila. Med. Times*, March 7th.

Seborrhœa Capitis.—Jackson in an article on "dandruff," suggests general treatment when necessary with oil baths to remove any crusts, followed by the daily rubbing in of an ointment containing a drachm of sulphur to the ounce of vaseline. Another formula, suggested by Bronson, is the following:

℞ Hydrarg. præcip. alb. . . gr. xx.
Hydrarg. chlor. mitis . . gr. xl.
Vaseline . . . . . ℥ i. M.

—*N. Y. Med. Record.*

Acute Papular Eczema:

℞ Ext. erythroxyli cocoæ. . . 3 ij.
Ungt. zinci oleatis . . . } āā ℥ ss.
Ungt. aquæ rosæ . . . . }

SIG.—Apply to the parts.

—*Medical Bulletin.*

Acne—General Treatment.—Acne in lymphatic constitutions, is best treated with small repeated doses of sulphide of calcium, about gr. $\frac{1}{10}$ or more ter die; robust constitutions do better under bromide of arsenic. Ergot, in gr. xv. doses is sometimes effectual, as also iodide of potassium, or 3 j. doses of glycerine. Locally, an ointment containing sulphur, or a lotion of gr. 1 of corrosive sublimate in ℥ ii. of water, are both useful applications.—*Med. World*, March.

Intense Itching—Dilute Sulphuric Acid.—In some skin diseases, such as lichen, prurigo, chronic nettlerash, few remedies are so successful in relieving the distressing itching, formication, and tingling

of the skin. It is applied locally and given internally in ten minim doses. The mouth should be rinsed with a weak alkaline wash after each dose.—*Medical World*, March.

TOXIC AND HYGIENIC.

Poisoning by Rottenness Within the Human Body.—The civilized world is all astir to shut off the causes of human sickness and human death from the decomposition of organic matters outside of the body. Sewer gas, swamp poison, damp dwellings, and a thousand other conditions under which organic decomposition occurs, are sought to be eliminated, with more or less success.

Of the generation of poisons within the body we know less. But some facts are sufficiently established to show that cases of more or less gravity of poisoning do occur from this source. Senator, in *Berlin. klin. Woch.*, described a case in which the patient became collapsed, and nearly died with all the symptoms of poisoning by sulphuretted poison generated in his own intestines.

Dr. Golding Bird has described a group of symptoms, including hypochondriasis, and depression of spirits, produced by an excess of oxalates, as shown by their abundant accumulation in the urine. Poisonous alkaloids have been shown to circulate in the blood.

Bocci (*Arch. per le Scienze Med.*) has extracted from the human urine an alkaloid which has exactly the same action as curare. This alkaloid has the same effect as an alkaloid found by Brieger to be formed from fibrin by the action of gastric juice. Both of these alkaloids, like curare, act by paralyzing the peripheral terminations of the motor nerves.

Dr. Brunt shows that the bitterness of gall is not from any normal constituent of the gall itself but from the admixture therewith of some alkaloidal substance or substances derived from digestion. It is well known that in some cases an excessive languor comes on a couple of hours after a full meal rich in nitrogenous substances. Dr. Brunt (*Brit. Med. Jour.*) regards this as due to poisoning from alkaloids formed by imperfect digestive processes. In these cases there is a curious weight in the legs and arms, the patient describing them as lumps of lead. The symptoms are extremely like those exhibited by curare poisoning.

In some cases sick headache can be prevented by confining the patient to an exclusive non-nitrogenous diet. It is more than probable, Brunton says, that some headaches, as well as languor, are due to poisonous products derived from nitrogenous food. This field of study is just being opened up, and it gives promise of revelations that shall be most helpful to all, in their endeavors to maintain a healthy state of the body and mind.—(Editorial) *Detroit Lancet*, March.

Nursery-Maids as Carriers of Infection.—Dr. Hayward, of Liverpool, writes: It having fallen to my lot to attend to a low-class practice for some time, I have made observation of what I believe to be a very common origin for some of the cases of infectious disease which we meet with among our befter patients. I am unaware if the cause I am about to mention has been noted before with any stress, though I should think this very probable; however, personally I believe it will account for some of those cases of infectious disease occurring in well-to-do families where every source of infection seems to have been sought for and excluded. Over and over again, when visiting cases of measles, scarlet-fever, whooping-cough, and even diphtheria and typhus, in the back streets, alleys, and courts of our city, have I noticed perambulators at the door, or well-dressed young children waiting about the lower room, while the respectable-looking nurse-maid, naturally anxious about the sick brother, sister, or parent, is visiting the subject of infectious disease. These visits are repeated when the maid takes her charges for a walk; and, even if the children should not come into contact with the sick person, it is easy to see how the nurse-girl becomes the immediate agent in the transmission of the disease to her employer's house. Often, too, do servants in general spend the day, or evening, in nursing some sick relative or friend. In a recent case, I remember this relative was the subject of diphtheria. I have warned and scolded maids whom I have caught *in flagrante delicto*, and have endeavored to discover their employers; but the effect has not been satisfactory, the chief result being increased vigilance to escape the medical man's observation. It is often remarkable to see

the squalid homes and miserably poor and degraded relations to which clean, respectable, and well-dressed servants often belong; and maids from the best families may return to a home where everybody herds in one or two dirty rooms. I am aware that the cause to which I draw attention is a difficult one to discover or to avoid by those most concerned; perhaps, in these days of energetic sanitary inspection, it may come more under control. The obtrusive preventive sanitation of to-day will not shrink from the investigation of the home history and the family arrangements of our servants, when it has been able to induce so many of us to swallow, and even look as if we liked, the larger pill of general compulsory notification of infectious disease.—*Brit. Med. Jour.*

Bicarbonate of Sodium in Iodoform Poisoning.—Dr. Behring states (*Rivista Clinica*), that bicarbonate of sodium is an antidote in poisoning from iodoform. Since the latter drug is eliminated in the urine as a sodic salt, the author assumes that it abstracts alkalies from the blood. By supplying the alkali thus withdrawn from the blood he believes that the system may acquire a special toleration for iodoform. *London Practitioner*, March.

Nutmeg in Large Quantities is Poisonous.—It seems to be a forgotten fact that nutmeg is poisonous, although it is so stated in the National and United States Dispensatories. Dr. Palmer, of Monticello, Florida, mentions the case of a lady who had violent poisonous symptoms from eating one and a half nutmegs —about 135 grains, whereas the dose is from five to twenty grains.—*North Carolina M. Jour.*, March.

Aniline Dyes.—Some weeks ago a discussion arose respecting the hurtful properties of many aniline dyes when used for staining articles of dress and house-furniture. We then referred to the intermixture of arsenic with the aniline color as probably blamable, in part at least, for the faults attributed to the latter. A paper read by M. Napias before the Paris Society of State Medicine, on November 26th, has also an important bearing on this subject. M. Napias has found that workers in artificial flower-making, who use a large quantity of aniline dye, are apt to suffer from symptoms of lead-poisoning. This is particularly true of those who use "geranium-red," by means of which a carmine hue can be obtained at a fraction of the cost of that derived from cochineal. Geranium-red is an eosine lacquer, containing twenty per cent. of lead. It is, therefore, easy to see how the air of a work-room may quickly become poisonous to a dangerous degree by being laden with particles of this nature. M. Napias further alludes to the lesser troubles of the nature of coryza which arise from the inhalation of eosine-dust, and which are due to the bromine contained in it. Erythemata also are apt to be produced by the manipulation of this substance, as of others like iodine, which are not dangerous poisons in the ordinary sense; and such eruptions are ascribed by this observer to the nitrogen in the aniline color. These lesser evils, of course, are dwarfed in the presence of lead-poisoning. As a remedy for the latter, M. Napias recommends the substitution of alumina for lead, since the former gives a similar dye without the risk of injury to those who handle it.—*British Med. Jour.*, March 7th.

Deodorants, Antiseptics, and Disinfectants. — Deodorants remove bad smells, acting principally through their absorbent and deoxydizing properties; the principal agents comprise charcoal, earth, chlorine, ozone, permanganate of potash, nitrate of lead, sulphates of copper, zinc, and iron, and chlorides of iron and zinc. Antiseptics check or prevent decomposition, and include carbolic, boracic, salicylic and sulphurous acids, alum, "boroglyceride," "chloralum," eucalyptus oil, and sulphates of copper and iron. Disinfectants destroy living organisms or germs, and dead organic matter; the most available are corrosive sublimate, chlorine, ozone, and the permanganates.—*Med. World*, March.

Standard Disinfectant.—Dr. Sternberg, U. S. A., suggests a combination of permanganate of potassium with the bichloride of mercury, for common use as a disinfectant and deodorizer. The color of the solution would be a safeguard against its being accidentally drunk. No chemical reaction takes place when these substances are combined; in other words they are perfectly compatible. A solution of two drachms of each of these salts to a gallon of water would be strong enough for all practical purposes. This gives about one part of each to 500 of water.—*Phila. Med. News.*

Pseudo-Tabes Caused by Sulphide of Carbon.—Berbes, of Paris, in a communication to the Clinical Society of Paris (*La France médicale*), reports the case of a laborer, handling large quantities of sulphide of carbon, who presented symptoms of cerebral congestion, motor troubles, and hyperæsthesia of the skin, with finally ensuing complete paraplegia lasting two months. The powers of co-ordination became almost entirely absent, while the perversion of sensibility reached a remarkable degree; and the sexual apparatus wholly lost its functional activity. Besides, darting pains in almost all regions of the body, but chiefly in the cardiac zone, where mitral insufficiency was found, were constantly present. It was obviously a case of tabes produced by intoxication with the sulphide of carbon, the patient improving within a couple of months under the influence of purgation and nervous stimulation. —*Therap. Gaz.*, March.

Cocaine as an Antidote to Morphia.—The *Wien. med. Blätter* reports on cocaine as an antidote for morphia, especially in cases of habitual abuse of the drug. The injection of one seventh of a grain to a grain and a half of cocaine induces a condition very similar to that caused by a sudden stoppage of the morphia, but there is besides a peculiar sensation, as if the cocaine were seeking out the morphia in the body, and eliminating it by degrees. Griping then follows, as if from a drastic purgative, and copious thin stools ensue. The face becomes yellow, as in the abstinence cure, this passing off gradually as the cocaine gets the better of the morphia in the organism. Cocaine may be used as a measure for the amount of morphia which is present in the body of the patient, as the symptoms become more intense, the more cocaine is given, until the morphia is entirely eliminated. It is suggested that a more pleasant mode of administration would be to give the two drugs together, and gradually to increase the cocaine while diminishing the morphia, in order to avoid the unpleasant symptoms of the morphia hunger.—*London Med. Record*, March.

Poisonous Properties of Chlorate of Potassium.—Hirschwald (*Centralb. f. klin. Med.*) has written a monograph on this subject, wherein he details the results of careful observations with regard to the toxical and therapeutical properties of the drug. He thinks that the fatal consequences that are sometimes observed after the administration of moderate doses are due to diminished alkalinity of the blood, with consequent decomposition of the hæmoglobin. The practical inference is that, in poisoning with chlorate of potassium, large doses of carbonate of sodium should be given, in order to increase the alkalinity of the blood.—*N. Y. Med. Jour.*, March 14th.

Bromine as a Disinfectant.—A correspondent says: A bottle of bromine left in a closed room all night with the stopper out destroys all infection and insect life. I have cleared places which were infected with vermin many times. It is far more effectual than the vapor of burning sulphur.—*Med. World*, March.

Poisoning by Chlorodyne.—B., æt. thirty-five, suffering from severe neuralgia, entered a druggist's shop and bought an ounce of chlorodyne, which he proceeded to mix with water and drank. He immediately became insensible, and was conveyed in that condition to Jervis Street Hospital, Dublin. Dr. Gunn, who saw him immediately after admission, emptied the stomach with the stomach-pump, and pumped in a quantity of strong coffee. Electricity was freely used and sulphate of atropia injected hypodermically. The patient was walked up and down the room by two men. He gradually revived and left the hospital quite recovered.—*London Med. Press*, March 25th.

Lead-Poisoning from Charcoal.—At a recent meeting of the Société Médicale des Hôpitaux, M. Gérin Roze and M. Duguet described three cases of lead-poisoning. The patients were employed in a factory for making chemical charcoal. They were in perfect health before working in the factory, and many of the factory-workers preserved their health, whilst following their occupation during many years, until the work-room, which was on the third floor, and was large and airy, was removed to an underground room, which was ill ventilated. The sufferers in question were employed in drying and packing the particular kind of charcoal known as *braise*, after it has been immersed in lead-nitrate, which renders it more combustible. Meat cooked over this *braise*, when consumed, may provoke lead-poisoning.—

(Special Paris Correspondent) *British Med. Jour.*, March 14th.

Aconite Poisoning.—Dr. H. Speier, of Jordan, Minn., writes: A case of poisoning by aconite occurred in my practice. A woman, waiting in a drug store, helped herself to a draught out of the aconite bottle standing on the counter, thinking it to be whiskey. She took about half an ounce. By an emetic, recumbent position, and stimulation, I saved her.—*N. Y. Med. Record*, March 28th.

Antidote Bag.—Dr. Murrell recommends every physician to keep an antidote bag, which should contain every drug and instrument needed in the ordinary cases of poisoning. It should always be kept filled and ready for use, so that in case of emergency the doctor could take it along or send for it, and not be compelled to look for stray bottles or instruments at a time when a life may depend upon a minute.—*Med. Bulletin*, March.

Disinfecting Lamp.—A simple disinfecting lamp is formed by burning in a common lamp a mixture of equal parts of benzine and bisulphide of carbon. Sulphurous acid vapor is abundantly given off in the burning of the mixture.—*Med. and Surg. Rep.*, March 28th.

PARTURIENT.

Abdominal Support During Pregnancy.—Alexander Duke, M.K.Q.C.P.I., Obstetric Physician Steevens' Hospital, Dublin, writes: Every obstetrician of fair experience must have met with cases, however well cared for during and after confinement, who still suffered from "pendulous abdomen," or want of tone in the abdominal muscles, the said want of tone being often conducive to ventral hernia, constipation of the bowels, and also displacement of the uterus. As a rule, patients during the whole term of pregnancy wear their corsets; and, however they may loosen or adjust the same, still the downward pressure of the corset acts in a contrary direction to the uterus, which, from the earliest months, raises itself upward toward the diaphragm, and continues to move in the upward direction, till the full term of pregnancy is completed. Knowing this to be the case, I always advise patients, in a pregnant condition, to leave off their corsets (from about the fourth month onward, should I see them at that time), and, having supplied the want of corset by a suitable bodice, to wear a supporting abdominal belt with elastic sides, so as to exercise a comfortable pressure from below on the muscles, and fitted with tapes or straps, to relax the pressure as the uterus enlarges.

In every case in which I have recommended this to be done, and where my directions were followed, the patient not only expressed herself as feeling far more comfortable, but I have remarked that the subsequent labor was of much shorter duration, owing, I believe, to the support afforded in time to the abdominal muscles, and which, by husbanding their tone and strength, enabled them to assist the uterus in its efforts of expulsion in a marked degree.

When engaged to attend primiparæ, I also direct the bandage to be left off at night, and the abdomen well rubbed over with fresh lard at bedtime. When this treatment is followed in primiparæ, I find there is little or no trace of the lineæ albicantes to be discovered after the patient recovers from the lying-in, and the abdomen also resumes its natural appearance, which the patient, as a rule, is the first to remark. —*British Med. Jour.*, March 7th.

Extra-Uterine Pregnancy—Destruction of Fœtus by Morphine.—Cases of extra-uterine pregnancy confront the physician whose sole office ought to be to save life, with the occasional necessity of destroying life, viz.: that of the fœtus.

Laparotomy, electricity, or the making of a direct incision into the fœtal mass have all been proposed with this end in view. A preferable method, viz.: subcutaneous injections of morphine, is being practised by Dr. Rennert, of Frankfort-on-the-Main, who reports a case of extra-uterine pregnancy of the fifth month treated in this manner (*Deutsche medizinal Zeitung*, December 29, 1884) with successful termination. The position of the fœtal head having been determined, an injection of fifteen drops of a three-per-cent. solution of morphine, with a few drops of a five-per-cent solution of carbolic acid, was made into it. The mother experienced no pain during the procedure, but one hour after, violent movements of the fœtus took place, which entirely ceased in about twelve hours, the fœtal mass

gradually discharging itself through the vagina, though not without causing pain and febrile symptoms to the mother. Within two months the woman recovered completely. This is the fourth case reported in which morphine injections were successfully employed for the destruction of the fœtus.—*Therap. Gaz.*, March.

Labor—Anæsthetics During.—Dr. W. S. Brown, Stoneham, Mass, communicates his experience on a variety of obstetric topics, and says of anæsthetics: The foremost question under this head is, Do anæsthetics injure the patient? I am pretty sure that they do not. Since 1849 I have used ether, chloroform, or a mixture of the two with alcohol, in every case where the woman was willing to breathe an anæsthetic. Some object; they are afraid to take it, and these I do not urge; but the majority are glad to get it before the labor is over. As a general rule I do not give ether during the first stage.

High authorities tell us that there is a greater tendency to post-partum hemorrhage after ether or chloroform has been administered. During the last sixteen years I have not employed chloroform in midwifery practice, except as a remedy for convulsions; but I believe that ether, in moderate doses, does not tend to bring on flooding. Ether is seldom given to the extent of unconsciousness. The patient knows what is going on, and can render voluntary assistance when solicited.

A small dose of ether acts beneficially in two ways: it blunts sensibility to pain and allows the abdominal muscles to aid in propulsion. Without ether the patient's will-power is instinctively exerted to delay the labor; with it, the canal is more likely to be relaxed, and the voluntary muscles are not so much restrained. The contractile power of the womb itself is not affected by moderate inhalation of ether.—*Boston Med. and Surg. Jour.*, March 12th.

Faradization in Obstetric Practice.—Dr. Tipiakoff describes the results of faradization as used in Professor A. M. Makëëf's obstetric clinic in Moscow (*Vratch*, Nos. 24 and 25, 1884). The conclusions at which the author arrives are these: 1—The electric current is a powerful as well as a simple and safe means of inducing uterine contractions; hence it is indicated for inducing abortion or premature labor, also in cases of uterine atony and post-partum hemorrhage. 2—Since the strength of the uterine contractions bears on the rapidity of dilatation of the os, faradization is indicated wherever a more rapid dilatation of the os is desirable; as, for instance, in cases of hemorrhage depending on placenta prævia or accompanying abortion with an irregular course. 3—In the puerperal period faradization favors a more regular and complete involution of the womb. 4—In cases of puerperal endometritis, faradization brings about continuous uniform uterine contractions, and in this way assists the organ to expel decomposed lochia; that is, it prevents the possibility of self-infection, and soothes the paroxysmatic pain which causes so great a discomfort to the patient.—*Midland Med. Miscellany.*

Miscarriage — Chlor. Potass. — Dr. E. S. McKee, at a recent meeting of the Cincinnati Academy, reported a case of "repeated miscarriage successfully treated with chlorate of potassium." The patient had ten successive miscarriages in sixteen years of married life, from two different husbands, occurring from the fifth to the eighth month, no single child coming to term. In the eleventh and twelfth pregnancies she was put on chlorate of potash, from fifteen- to thirty-grain doses, and both children were brought to term and delivered healthy.—*Journal Amer. Med. Ass'n*, March 7th.

Prevention of Habitual Abortion—Viburn. Prunifol.—Dr. William Graham, Brussels, Canada, writes: I would suggest to your correspondent "J. G.," whose letter appeared in the *Journal* of January 10th, page 109, to try the virtues of viburnum prunifolium, or black haw, as a preventive of abortion, providing, as you yourself suggest, there be no "specific cause" as a factor in its production.

For some years it has been tried on this side of the Atlantic by physicians in good standing with decided success; but I have not observed its use recorded in British journals.

In my own practice, I have many times during these last nine or ten years had every reason to be pleased and satisfied with its results in cases where the uterus had acquired the habit of aborting. In one well-marked case, a lady who had seven successive abortions about the third month, with no evident change in her circum-

stances or condition other than the administration of viburnum, was enabled to carry on gestation to the full period, and delivered of a healthy, well-developed child. The preparation that I have used chiefly is Parke, Davis, & Co.'s fluid extract, in doses of 20 minims, to half a drachm three times a day; but, if symptoms are threatening, these doses should be given every hour for a day or two.—*British Med. Jour.*, March 14th.

Puerperal Septicæmia — Alkaline Treatment. — Dr. James C. Pearson, Mitchell, Ind., writes: On January 18, 1865, I was called to see Mrs. S. Her case progressed favorably up to the night of the eighth day, when I was summoned in great haste. In a few minutes I ascertained that she had had a protracted chill, her fever had come up and her temperature was 105.4°, pulse 140, she sweat profusely, her complexion had a deep sallow hue. Her countenance was anxious, features compressed or pinched, respirations hurried. I was convinced that this high temperature would soon be followed by collapse if the poison of the septic material was not neutralized in some more prompt and efficient manner than in the way usually adopted and pursued in cases of puerperal septicæmia. On testing her urine it gave acid reaction. I at once set about giving my patient alkalies and stimulants.

℞ Ammoniæ carb. . . . . gr. v.
Spiritus tenuioris . . . . . ℥ ss.

In wineglassful of water every half hour until her temperature began to decline. Then every one or two hours I washed out her womb by injecting into it water as warm as she could bear. After this I injected an antiseptic solution of crystallized carbolic acid, glycerine, and water. The lochia were arrested about or prior to her chill coming on, a few clots of blood, mucus, and pieces of membrane, and other septic matter followed the first injection. I ordered these injections to be repeated once every six hours. In twenty-four hours her temperature declined to 101°. I now ordered the ammonia every four hours and spiritus tenuior or good whiskey between, sufficient to give all necessary support up to the 29th, when I ordered her cinchona, iron, and strychnia in drachm doses three times per day, and gave her over to the nurse. I understand that she is recuperating and progressing toward a rapid recovery. In this case the effect of the ammonia was beyond a doubt antidotal.—*St. Louis Cour. Med.*, March.

Puerperal Peritonitis—Calomel.—S. B. Childs, M.D., Brooklyn N. Y., communicates the following;—I was called to see Mrs. M., November 4th; found she had been delivered of a dead child by a midwife on the second day of the month. I was informed that on the morning of the 3d she was taken with a chill, followed by fever and pain. On examination, I found pulse 120, temperature 104.5°, lochia extremely offensive, great tenderness over the right broad ligament, accompanied with severe pelvic pain, nausea, and extreme restlessness. I immediately gave her ten grains of calomel, and followed it in three hours with two ounces of castor-oil; over the abdomen was applied a turpentine stupe. On calling ten hours afterward, I found that her bowels had been very freely moved, the pain greatly lessened, and her general condition much improved. I then ordered her to take one eighth of a grain of morphine and two grains of quinine every three hours. This was continued for three days; then five grains of calomel were given, followed in the evening by a bottle of citrate of magnesium. Free movement of the bowels took place. Bisulphate of quinine was given for a day or two, when the patient was dismissed cured.

Having had a number of cases that I have treated in this way to the exclusion of injections, and the early use of morphine, I can but feel that calomel plays an important part in modifying and arresting this form of sickness; that it also has sedative properties seems to be amply proved.—*N. Y. Med. Jour.*, March 14th.

Post-Partum Hemorrhage — Prof. Parvin's Management.—Prof. Parvin, in post-partum hemorrhage, grasps the placenta firmly between the hands—one inside and one outside the womb—detaching the placenta, and stimulating by friction. If the bleeding does not stop, he takes out the placenta, and putting his hand in again, presses on the posterior part of the neck of the womb, bringing the hands as near together as possible. Hypoderms of ergot, quinine, or opium, he says, are vain to trust to, though excellent when they do act. If the womb swells up and gets soft again use direct hæmostatics: 1, hot water; 2, iodine or chloride of iron on a sponge pro-

bang; vinegar on a sponge probang.—*Col. and Clin. Record.*

Strychnia in Labor.—Dr. Wm. Stadler, Hearne, Texas, confirms the experience of Dr. Dèghilage, Lyons, France. He says:—In prolonged labor, if the pains are entirely absent, the os dilated, pelvis normal, and when it is only necessary to supply the *vis a tergo*, I have found strychnia the most serviceable drug; $\frac{1}{100}$ of a grain of strychnia, repeated if necessary, not before half an hour, has been found in my hands always very satisfactory. Out of entire absence of pain, in sufficient time to allow of disintegration and absorption of a pill of strychnia, the pains would start all at once, get strong and efficient.—*Texas Courier-Record*, March.

Vomiting of Pregnancy—Ether Spray.—*La Gazeta Médica Catalana* reports the case of a young primipara of feeble constitution, who, after the second month of pregnancy, was a great sufferer from vomiting. A variety of known remedies proved useless, when Dr. Mendez advised ether irrigation or spray on the epigastrium. The effect was instantaneous; vomiting at once ceased. It recurred twice during the pregnancy, but each time yielded readily to the local ether treatment.—*London Lancet*, March 21st.

Vomiting of Pregnancy.—Professor Parvin says the vomiting of pregnancy may depend upon so many different causes that it is impossible to name any single remedy that will be a specific for every case. If an ulceration of the cervix exists it must be healed. If uterine displacement be the cause of the irritation it must be corrected. In the great majority of cases, however, the vomiting is either functional or sympathetic, and will be most efficiently relieved by attention to diet and the use of tincture of nux vomica, or Fowler's solution. Better results will at times be obtained from small doses of wine of ipecac. Occasionally hydrocyanic acid or oxalate of cerium will be most serviceable.—*Med. Bulletin*, March.

Cocaine Used in the Vomiting of Pregnancy.—The recently published reports of the great anæsthetic and reflex-inhibitory action of cocaine has led Dr. Weiss, of Prague (*Prager med. Woch.*), to exhibit the drug in a case of persistent vomiting in pregnancy, after all other attempts at relieving this inconvenience and often dangerous symptom has proved futile. The patient was a woman of twenty-eight years of age, in the third month of pregnancy and of a nervous disposition, anæmic and debilitated. Persistent vomiting had been a constant symptom in her three preceding pregnancies, and threatened this time to result in inanition. Dr. Weiss prescribed:

℞ Cocain. mur. in suff. quant., spir. vin. solut., gr. ii.
Aquæ dest., f ʒ v.
S.—Teaspoonful every half hour.
—*Therap. Gaz.*, March.

Vomiting of Pregnancy.—

℞ Creasoti . . . . . ♏ j.
Aquæ camphoræ,
Inf. gentianæ . . . . . āā ʒ vj.
M.—One dose.
—*Med. World*, March.

Suppression of Milk—Nux Vomica.—Nux vomica and strychnia excite the action of the mammary glands, and stimulate them to secrete the milk in cases of suppression.—*Med. World*, March.

GYNECIC.

Constitutional Treatment of Diseases of the Uterus and its Appendages.—Dr. C. H. Routh read a paper on this subject at the Medical Society of London. He began by quoting several passages from Dr. Clifford Allbutt's Gulstonian Lectures, which referred to the not infrequent practice of gynæcologists of over-treating the uterus and neighboring organs. He said that the cause of his reading the present paper was the result of the impression he had gained from a perusal of the Gulstonian Lectures of last year, to the effect that Dr. Allbutt had brought unfounded charges against gynæcologists. He admitted in the course of his paper that the neurotic element was a most important factor, but considered that many cases in which the neurosis was alleged to be the sole complaint there was danger in overlooking the uterine disorder. He spoke of the case of a virgin who suffered from gastrodynia and emaciation, which had been treated as one of primary nerve disorder, but which was found to be attended with prolonged leucorrhœa, and in which he had found uterine erosion. This case had been treated by a physician who had never ex-

amined the generative organs. Again, in certain cases of displacement of the uterus associated with headache and backache, and in which the patient was invalided and almost confined to bed for a period of many months, the symptoms were promptly relieved by rectification of the uterine displacement. Many cases bearing out his views were narrated, and the general conclusion was drawn that physical examination of the generative organs was decidedly neglected by many physicians and general practitioners. Reference was made to a case of cancer which had come under his care, and which had been previously overlooked for the simple reason that no vaginal examination had been made, the doctor in charge putting the patient's symptoms down to "change of life." In other cases of this kind he had detected a large number of mucous polypi, the removal of which led to the cure of the patient. The case of a lady, who suffered from severe metrorrhagia and many nervous symptoms, was shown to be due to the presence of fibroid growths in the uterus, treatment directed against which was also followed by a return of the patient to health. The failure to treat the local disease was therefore a source of much suffering to the patient, who was regarded as being the subject of a neurosis, to be cured by constitutional means. Cases of insanity were often dependent, in his opinion, on diseased conditions of the womb, and the case of a lady who was insane, and in whom an ulcer of the womb existed, was related; the insanity passed away and recovery ensued after local treatment of the uterine ulcer. He was not an advocate for frequent clitoridectomy, but he thought there were a few cases in which this operation would prove beneficial. Again, cases of hydro- and pyo-salpinx were not unfrequently overlooked by the physician, who treated the nervous symptoms without even recognizing the existence of such local diseases. He concluded by stating that gynæcologists did not neglect constitutional treatment, but combined this treatment with proper local applications.—*London Lancet*, March 21st.

Perineum Pin for Lacerations.—Dr. S. M. Monser, of San Francisco, Cal., writes that he has used successfully in treating lacerations of the perineum ordinary small safety pins nickel or silver-plated. A smooth shirt button is first passed over the point of the pin and carried back as far as the spring. Then the pin is inserted at a distance of about half its length from the rent and brought out at a similar distance on the other side. Another button is then slipped over the point and the pin is fastened. The doctor claims that very little if any irritation is caused, and that he has obtained better results with less discomfort to his patients than by any other method.—*N. Y. Med. Record.*

Extravasations of Blood behind the Uterus.—Zeiwfel (*Arch. f. Gynäk.*, xxiii., 3) adds this paper to the contribution which he has already made to this subject. The basis of it was the case of a patient, twenty-seven years of age, who suffered for eight weeks with a retro-uterine hæmatoma, as large as the gravid uterus at the seventh month. At the end of this time, as the tumor had not diminished in size, operative procedures were adopted. The vagina was first disinfected, and the deepest and softest part of the tumor was carefully marked for the incision, The vaginal mucous membrane was then cut transversely, the edges of the wound were separated, and the connective tissue between the mucous membrane and the tumor was broken up with the finger. A fistula-knife, guarded by the finger, was then thrust into the tumor, after which, with Simpson's metrotome, the wound was enlarged to three fingers' breadth. After the loose clots were turned out of the cavity, the latter was thoroughly irrigated, and then, with the finger and the dull curette, as many more clots as could be easily separated were also removed. A rubber drainage-tube with a cross-piece was next introduced, and the cavity again thoroughly washed out. No severe reaction followed this procedure. Suitable irrigation with solutions of corrosive sublimate and carbolic acid was practised at proper intervals. On the fifth day there was severe pain in the abdomen, together with vomiting, inability to sleep, and other unfavorable symptoms. Permanent irrigation was begun and continued ten hours. Iodoform in large quantities was then introduced into the cavity, from which detritus and clots came away from time to time. From the ninth day positive improvement began, and continued until recovery was established. This method of treating hæmatomata is more successful,

less dangerous, and less difficult of performance, as shown by statistics, than the method by laparotomy which has been practised and advocated by A. Martin, Düvelius, and others. It should therefore be preferred.—*N. Y. Med. Journal*, March 28th.

Chancre of the Uterine Cervix.—In the *Russkaia Meditzina*, 1884, Nos. 34, 35, and 36, Dr. N. P. Preis, of Kharkov, publishes an interesting article on the subject, the summary of which may be given thus. 1. Syphilitic chancre of the vaginal portion of the womb presents a relatively frequent occurrence. [Of 400 patients, all prostitutes admitted to the Kharkov Venereal Hospital for Women, forty had hard chancre, and in not fewer than six of the latter patients the initial ulcer was situated at the vaginal portion of the uterus. In five cases the ulcer occupied the whole circumference of the external os; in one, only a part. In two of the cases it spread into the cervical canal.] 2. Hard chancre in this situation possesses the usual characteristic features which make diagnosis extremely easy. [In two of the cases a well-marked induration was present.] 3. Hard chancre of the cervix heals slowly, notwithstanding active treatment. 4. Healing proceeds from the periphery to the centre. In the beginning, the newly formed scar presents an opalescence. In the course of time, the cicatrix becomes invisible. 5. Induration of the inguinal lymphatic glands is either absent or but slightly marked. The cervical glands are first attacked. 6. Constitutional syphilitic phenomena, folfowing an initial ulcer of the uterine cervix, are usually mild. The relapses are also slightly pronounced; they occur at relatively longer intervals. 7. In the author's cases, cure followed mostly after twenty half-drachm inunctions. Five cases are given with all necessary details. In five of six patients, professional lipoma of prostitutes was found. — *London Med. Record*, March.

Intra-Uterine Medication. — James M. Hole, M. D., Salem, Ohio, writes: I saw an article by Dr. L. Atthill, on the treatment of intra-uterine diseases, a subject in which I am much interested. Having for nearly twenty years been making a specialty of diseases of women, my experience may be to some younger men worth the space it occupies.

In my early practice I was often ashamed and mortified at the results which followed even warm-water injections into the womb; some strong women would faint, others would be thrown into great nervous excitement, while with others no such conditions would be present. The former untoward conditions occurred much more frequently where I used medicine by injection, and my convictions are that the very delicate and sensitive internal membranes and walls of the womb should never be subjected to many of the remedies which writers on the treatment of intra-uterine ailments recommend.

Indeed, so fearful have I become of the effects of injections into the womb of any medicine, that I have almost entirely abandoned them, and instead use a probe and a layer of cotton dipped into a solution of watery extract of hydrastis, or simple solution of roots of hydrastis canadensis; or weak solution of carbolic acid or carbolized oil. This treatment I employ only once in about eight or ten days, and if there are ulcers on the os I often use a solution of iodoform, composed of twenty grains of the iodoform to one ounce of sulphuric ether, this to be used to the external os with a camel's-hair brush once in four or six days, and alternate with a solution of boracic acid, fifteen grains to the ounce of water, with twenty drops of rose water added. I am having excellent success since I have abandoned nearly all injections into the womb, and have operated on its internal structure by a probe and brush. This, with proper constitutional medication, will go as far, or farther, in curing diseases of the membranes of the womb than all others I have ever tried; of course surgical cases may and do need different modes of management.

One thing I am really satisfied of, and that is, that more harm than good will invariably result from injections into the womb of medicines that are very corrosive or severe.—*Therap. Gaz.*, March.

Stenosis of the Vagina—Treatment by Transplantation.—Dr. B. Credé, of Dresden, contributes to the *Archiv für Gynäkologie* (Bd. xxii., Heft 2.), a report of a case of stenosis of the vagina, the result of ulceration, which he treated by cutting through cicatricial bands, and stretching the vagina so as to expand it to the natural size—at the expense, of course,

of the parts in which incisions had been made. He then dissected up a flap of skin from one labium, leaving it attached below, and turning it into the vagina, affixed it to the raw surface left by the cutting and stretching process just mentioned. The upper end of the flap was secured by suture to the cervix, and the sides to the margins of the raw surface. The vagina was filled with small plugs of iodoform gauze, so as to keep the flap in position. The result was entirely successful. The flap adhered, and at the end of three weeks the patient had a vagina of natural size, and free from tenderness.—*London Med. Times*, March 7th.

Reflex Vomiting from Uterine Disease—Carbolic Acid.—William J. Mackie, M.D., Brux., writes: The first case in which I employed it was in reflex vomiting from uterine disease; I gave it in a bismuth mixture, with complete relief to this troublesome symptom. Its antiseptic as well as its sedative properties, form a useful guide to its administration. I have not used it so frequently of late, as I have found small doses of arsenic, before meals, equally satisfactory, and less disagreeable in many of the cases in which the locally sedative action of carbolic acid on the gastric mucous membrane seemed specially indicated. Its unpleasant taste, and the free dilution necessary, are objections to its employment in some instances.—*British Med. Jour.*, March 21st.

Extirpation of a Papillary Adenoma of the Bladder by Incision through the Vagina.—Kaltenbach, in the *Archiv f. klin. Chir.*, Bd. xxx., Heft 3, 1884, reports a case of a woman who for two years was affected with hæmaturia. Dilatation of the urethra revealed a tumor the size of a walnut on the anterior wall of the bladder. Dr. Kaltenbach made an incision an inch and a half long in the vesico-vaginal septum, and removed the tumor by the aid of the bistoury, scissors, and Paquelin cautery, after he had ligatured its base with several silk threads. The vaginal wound was closed by eight wire sutures. The ligature left in the bladder escaped through the urethra in fourteen days, and the patient was completely cured.—*Phila. Med. News*, March 7th.

Urethral Spasm in the Female—Cocaine.—Dr. George Newell Hall writes that he was called to see a married lady, twenty-five years of age, who was suffering from retention of urine and considerable pain. She stated that she had been subject to these attacks from childhood, and had taken opium for their relief from the time she was thirteen years old. The spasms lasted, as a rule, for forty-eight hours, and were accompanied with considerable pain and a constant desire to urinate. An attempt to pass a catheter was unsuccessful. A grain and a half of cocaine was then dissolved in an ounce of water, and the catheter being introduced as far as the obstruction, about half of the solution was injected into the urethra. In about five minutes the catheter was again introduced and passed with ease into the bladder.—*N. Y. Med. Record*, March 21st.

Menorrhagia — Quinine.— Professor Parvin says that cases of menorrhagia occurring without any uterine lesion, can be most effectually relieved by the use of quinine, or the other antiperiodics. For a girl recently before the clinic, who menstruated rather profusely every two or three weeks, without apparent cause, he prescribed five grains of quinine and ten drops of aromatic sulphuric acid, to be taken twice daily for a month.—*Med. Bulletin.*

Chronic Vaginitis—Salicylic Acid.—Dr. Martineau has found, at the Lourcine Hospital (Ann. des mals genito-urin.) that salicylic acid mixed with powdered gum arabic and wheat flour, according to the following formula, gives good results:

℞	Salicylic acid	3 parts.
	Wheat flour	5 "
	Powdered gum arabic . .	1 part.

This powder is applied to the whole of the internal surface of the vagina by means of an insufflator.

—*Med. Bulletin.*

Pills for Uterine Hemorrhage.—Gallard, according to the *Jour. de méd. et de chir. prat.*, uses pills made as follows:

Ergotin,	
Subcarbonate of iron, each . .	180 grains
Sulphate of quinine	36 "
Powdered digitalis	18 "

Divide into one hundred pills. Four to be taken daily.

—*N. Y. Med. Jour.*

Phosphide of Zinc in Dysmenorrhœa.—Decoux (*Union méd.*) writes in praise of this drug, which he has used in many cases of dysmenorrhœa and amenorrhœa, with satisfactory results. He gives

a little less than a third of a grain daily—two pills of about a twelfth of a grain each before breakfast, and two more at night. He admits that this drug possesses no distinctive properties other than those of pure phosphorus, but thinks that it is safer and more manageable.—*N. Y. Med. Jour.*, March 7th.

Application for Elytritis.—Sigmund (*Union méd.*) uses this glycerite:

Iodine	1¼ grains
Iodide of potassium . . .	7 to 14 grains
Glycerine	5 drachms.

Tampons saturated with the solution are to be introduced into the vagina.

—*N. Y. Med. Jour.*, March 7th.

Mammary Abscess—Cocaine.—Dr. F. Peirce states in the *Brit. Med. Jour.* that he had to open a mammary abscess. The organ was exquisitely painful. He injected twenty minims of a two-per-cent. solution of hydrochlorate of cocaine. In ten minutes the whole gland was anæsthetic, and he was able to make a free incision without causing any pain.—*British Med. Jour.*

PEDIATRIC.

Symptomatology of Nervous Affections in Children.—The following are Politzer's (*Vienna Jahrb. für Kin.*) conclusions:

1. A notable somnolence manifesting itself without fever and, so to speak, without any other trouble, points, if lasting several days, to meningitis of the brain. The vomiting, the fixed cephalalgia, and finally the slow and irregular pulse, do not have so great a diagnostic value as the somnolence, as they may occur in several transitory and even extra-cranial troubles.

2. The anterior fontanelle notably raised beyond its normal level, but resisting and non-compressible, points to an exudation into the cranial cavity, or an increase of the cranial contents, such as in purulent meningitis of the convexity, cerebro-spinal meningitis, acute or chronic hydrocephalus, large tumors, acute cerebral œdema, and intermeningeal apoplexy. If it be an increase in vascularity, an active hyperæmia, the anterior fontanelle would remain soft and compressible. If the fontanelle be gradually raised, prominent like a corner and resisting, but without a trace of pulsation, we can be reasonably sure of having to deal with a profuse intermeningeal hemorrhage—*i. e.*, an apoplexy. An anterior fontanelle greatly depressed, with a concomitant depression of the eyes, indicates anæmia, resulting either from a profuse loss of the liquids of the body or from general marasmus.

3. A very slow movement of eyes and eyelids, the former remaining fixed for a long time, is a symptom of approaching basilar meningitis.—*Therap. Gaz.*, March.

Pharyngitis — Glycerinum Aluminis.—Dr. Robert William Parker suggests a new preparation of alum which he strongly recommends after a prolonged trial. It is made by dissolving one ounce of alum in five ounces of glycerine, by means of a gentle heat. This is about four times as strong as a saturated watery solution. It is indicated in all cases where a powerful local astringent is required; and has the advantage over tannin of being far less disagreeable, equally astringent, and quite compatible with an administration of iron. In cases of chronic pharyngitis—so common in children—it is very efficacious; diluted with water, it forms a useful gargle, injection, or lotion.—*British Med. Jour.*

Symptomatology of Children's Cries.—Prof. Politzer, of Vienna, gives the following diagnostic suggestions:

1. A sharp, intense cry uttered during sleep, every half-hour or hour, with a simultaneous expression of extreme anguish in the face, denotes simply nightmare, which can readily be prevented by a four-grain dose of quinine administered an hour or two before bedtime.

2. A periodical cry, which often lasts five or ten minutes and is repeated frequently during the day and occasionally at night, leads to the suspicion of vesical spasm, provided colic and dyspepsia can be excluded. An emulsion of lycopodium, with or without the addition of belladonna, will give prompt relief.

3. A cry uttered during defæcation, associated with a dread of this action and even refusal to perform it, ought to prompt a search for anal fistula. Surgical interference and an ointment of zinc and belladonna will usually lead to a speedy cure.

4. An intense, almost continual cry, bespeaking great pain, denotes otalgia, or middle or external otitis, if the child moves its head restlessly on the cushion and puts its hands often to its head.

5. A cry uttered almost incessantly for days or weeks, and which grows more intense on moving the limbs, and is associated with a continuous fever and profuse perspiration, is an indication of acute general rachitis.—*Therap. Gaz.*, March.

Fissure of Anus in Children—Operation.—W. Macfie Campbell, M.D., Surgeon to the Northern Hospital, reports the following :

M. B., nine months, has suffered from confined bowels since her birth. Lately she has seemed to dread the action of the bowels, and has great pain at the time—moaning and groaning for a long time after. The stools, hard and dry, are marked with streaks of blood. A small fissure was discovered by the speculum, and under chloroform the sphincter was divided from below it. Immediate relief followed the operation, the blood disappearing in a few days. The bowels were afterward kept right by the use of olive oil and sulphate of potash.

The immediate and permanent relief was really marvellous. Systematic writers speak of this affection as being a "disease of adult life," hence the interest of cases such as the above. — *Liverpool Medico-Chir. Jour.*

Physiognomy of Syphilitic Children.—Prof. Politzer, of Vienna, says : The special physiognomy of children suffering from congenital syphilis consists in a depression of the bridge of the nose, a grayish discoloration of the skin, absence or scarcity of the eyelashes, a yellowish border of the eyelids, and, finally, the well known mucous patches on the lower lip.—*Therap. Gaz.*, March.

Chloral in the Convulsions of Children.—Dr. Henry Dwight Chapin believes that while morphia will, in many cases, control the convulsions, yet it is an extremely dangerous remedy, tending to hurry the congested brain into a fatal stupor. He strongly advocates the rectal injection of chloral. He has seen many cases, as critical as those in which the morphine was given subcutaneously, yield almost as quickly to chloral administered by the rectum, as doubtless have many others who have thus employed the latter. Some weeks ago he was called late at night to see a baby fifteen months old, who had been in a convulsion over an hour. The infant was lying in a deep stupor, with jaws tightly set, thumbs pressed into the palms, and having convulsive seizures every few minutes. He tried in vain to pry open the teeth and get down a solution of potassium bromide. An enema was next given, although the mother positively stated that no indigestible substance had been taken. No fecal matter came away, and the water remained in the bowel ; as no time was to be lost in waiting for it to be expelled, he at once injected five grains of chloral in solution into the rectum. The convulsive movements soon became less violent, and with longer intervals between. The chloral was repeated several times, and the convulsions soon stopped entirely. The stupor remained, but in several hours it was gradually replaced by a natural sleep, and the next morning the baby was quite bright, although looking pale. In this case he could find no cause for the convulsions, but thinks if sufficient morphine had been given to control them, the stupor would have ended fatally.—*Med. and Surg. Rep.*, March.

Examine the Larynx in Children.—Dr. Löri reports (*Jahrb. für Kinderheilkunde*) several cases where gastric symptoms, such as vomiting or eructations were dependent on trouble in the posterior wall of the larynx. An examination of the larynx in a boy of fifteen, who had persistent vomiting for three weeks, disclosed a fish bone impacted in the post laryngeal wall, followed, on removal, by disappearance of all gastric symptoms. In another, the cure of a subacute inflammation in this region by local treatment, was likewise followed by cure of vomiting. — *St. Louis Med. and Surg. Jour.*

Hygiene of the Mouth in the New-Born.—Epstein says that certain affections of the mouth which are peculiar to the earliest period of life can in most cases be avoided with proper care. They are simple erythema, catarrhal stomatitis, circumscribed necrosis of the edges of the palate, similar changes at other points in the oral mucous membrane and thrush. In all of these diseases there is a catarrh of the mucous membrane, and they may be considered, in general, as stomatitis.

One of the most frequent causes of stomatitis is the mechanical irritation caused by habitual washing of a child's mouth, after each nursing, to remove the

milk which has adhered to the mucous membrane. The epithelium is thus rubbed away from the mucous membrane, and hemorrhage is excited in some cases. The true treatment of children with reference to troubles of this character is the prophylactic—abstaining from interference with the mouth until there is very good cause for attention. The success of this non-interfering plan was amply proved by the author in the Foundling Hospital at Prague, in which those infants which were brought in from Breisky's clinic suffered scarcely at all from affections of the mouth, while among those which were brought in from the city at large almost all were affected. —*N. Y. Med. Jour.*, March 28th.

SURGICAL.

Muscle-Grafting.—Dr. Eduardo Salvia has recently published at Naples a memoir embodying experimental researches on muscle-grafting. Gluck was the first to prove experimentally that muscular tissue detached from a living animal has the power, when introduced into the tissues of another animal, of contracting organic adhesions and continuing to live. He observed that by adopting certain precautions, chiefly of antisepsis, pieces of muscle, without tendon, might be transplanted in rabbits and hares, and remain in the part grafted as true muscular tissue, If, however, the graft excited inflammatory reaction of some intensity, the histological characters of the engrafted tissue underwent fibrous metamorphosis. Dr. Helfreich, in 1882, put this to practical use. He removed a sarcoma from the front of the right arm of a lady aged thirty-eight. Nearly the whole of the upper half of the biceps was removed ; only a small bundle of muscular fibres as thick as a slate pencil being left on the outer side, continuous with the tendon. The resulting space was exactly filled with a piece of muscle, weighing three ounces and two drachms, detached from the thigh of a healthy dog just at the moment of grafting. Care was taken to ensure accurate adaptation of the muscular surfaces, without hagging ; and the grafted muscle was secured to the remaining portion of the biceps with thirty points of catgut suture. Some counter-openings were made in the skin for drainage, the external wound sutured, and a Listerian dressing applied. The arm, bent at an acute angle, was fixed to the thorax. On the ninth day, at the time of the first dressing, in consequence of the detachment of some of the sutures, the lower angle of the wound gaped somewhat, and through it issued a necrotized fasciculus of the engrafted muscle. The piece of separated muscle was as long as the canine portion inserted, and about one eighth its depth. On the eighteenth day a piece of skin as large as a shilling sloughed at the point of issue of the mortified muscular fasciculus. A month later the patient had completely recovered ; but the limb was somewhat œdematous. After employing for two months the constant and induced currents of electricity, the right biceps muscle regained its normal electromotor power, alike on the right side, where a part of the original muscle remained, and on the inner side, corresponding to the engrafted muscle. The patient could move the forearm with power, and without the slightest pain, alike in pronation and supination.—*Jour. Amer. Med. Ass'n*, March 14th.

Conservative Surgery.—Dr. J. M. Perkins, of Grove Spring, Mo., sends us an interesting report of a case illustrating the possibilities of conservative minor surgery. A boy, aged seven, was riding on a wheat-driller when the second phalanx of his index-finger caught in the cogs and was completely extirpated. Dr. Perkins removed the lacerated tissue, adjusted the first and third phalanges together, dressed the finger with tobacco leaves, and it healed rapidly, giving him a good finger.—*N. Y. Med. Record*, March 28th.

Pent-up Secretions.—Mr. Wheelhouse contributes a most interesting lecture on the subject of " Pent-up Secretions." The lecture is illustrated by typical cases showing the way in which most distressing symptoms may sometimes be relieved, if it be discovered that some secretion is pent up, and this secretion be evacuated. The case of a young gentleman is narrated, to whom the author was called, and found on the point of suffocation. On physical examination it was discovered that the left pleura was full of fluid. A Roberts' trocar was thrust into the side, and six pints of clear fluid were withdrawn, giving instant relief. Another time, Dr. Clifford Allbutt called the author to a case of acute rheumatic fever. The patient was dying from

acute pericardial effusion ; a small trocar and cannula was thrust along the upper margin of the fourth left rib, the serum was drawn off, and the patient soon recovered. A third case is given in outline, where a young lady of wealth, living in a mansion surrounded by every thing conducive to health, yet constantly suffered from what was supposed to be well-marked blood-poisoning. At length the patient's regular medical attendant decided to inquire fully into the question of the "periods," and, on examining a diaper, found that there was only a small amount of "fetid" discharge upon it. A second opinion was obtained, and an examination. under ether, was insisted upon. It was then found that the patient had a hymen so nearly perfect that only a tiny aperture existed to permit the exit of the natural excretion. On freely dividing the membrane, the vagina was found converted into a distended sac, its walls being granular and over-vascular, presenting a very large absorbing surface. A few months sufficed to make a complete and perfect cure of all her troubles. The most remarkable advance made in the treatment of cases of phthisis is the method of opening phthisical cavities through the back, and draining them by means of drainage-tubes, thus relieving the cough and fetid expectoration.—*British Med. Jour.*, Jan.

Unlimited Torsion of Arteries.—Maurice Notta (*L'Union médicale*), in advocating torsion as a substitute for the ligature, states that the method is not, as generally believed, especially applicable to small arteries ; he holds, on the contrary, that it is better adapted to large and medium-sized vessels, because in them the elastic tissue is developed at the expense of the muscular.

Notta believes that the torsion should be continued till the vessel breaks (unlimited torsion of Tillaux). He advocates the universal application of this method of preventing hemorrhage except in the case of atheromatous arteries, and in general the smaller arteries.

Quoting the paradox of J. L. Petit, viz., "The ligature causes hemorrhage," he adds : "Torsion prevents hemorrhage."—*N. W. Lancet*, March 15th.

Radical Cure of Hernia.—Mr. Lawson Tait describes his method for the radical cure of umbilical hernia by abdominal section, and considers it applicable to other forms of hernia. He opens the sac, frees all adhesions, cuts off omentum that may be in the way, pares the edges of the ring, and stitches up the wound with a continuous silk thread, which he leaves permanently. The results have been most satisfactory.—*Amer. Pract.*, March.

Surgery of Scrofulous Glands.—Mr. Pridgin Teale contributes a most valuable lecture on the surgery of scrofulous glands, together with the history of nineteen cases in which he operated with complete success. The lecturer points out how cases of scrofulous glands can be cured by making an incision over the diseased gland, and then scraping away the entire caseous mass by means of Lister's scraper. The wound is then thoroughly cleansed by carbolic-acid solution one in forty, or by carbolized glycerine one in ten, and afterwards it is charged with iodoform. An india-rubber drainage-tube, reaching to the farthest recess of the wound, is inserted, and the edges of the wound are carefully brought together by fine catgut sutures ; a pad of salicylic acid is placed over the wound ; and, if the gland have been completely enucleated, the drainage-tube may be removed at the end of a week ; but, if not, the rubber tube must be replaced by gilt wire, which should remain until there is reason to suppose that all is healed except the track of the tube. This period will vary from three to eight or ten weeks. The author illustrates by cases a most important point, which must always be very carefully looked to—viz., a case may present itself as a soft suppurating swelling behind the ear. This, however, does not heal if an incision be made into it, the reason being that the caseating gland, causing the abscess, is seated under the deep cervical fascia, and perhaps even under the edge of the sterno-mastoid. The opening must be carried right to the situation of the diseased gland, which must then be well scraped, and drained from the very bottom of the wound. The scar from this mode of operating is linear, and not unsightly, quite different from the puckered scar one sees in cases that have been left to get well by themselves. Chassaignac, in 1856, freely adopted the plan of excising scrofulous cervical glands, and since that time the practice has been extensively adopted.—*London Med. Record*, March.

MISCELLANEA.

Diagnosis of Submersion During Life or After Death.—Struck with the divergences of opinion among authors as to the diagnosis of submersion having taken place during life or after death, Dr Bougier made the subject an object of study, and during a whole year he had performed several experiments and autopsies at the morgue, of which he gave an account in his thesis for the doctorate, which he obtained about a month ago. The author's conclusions are as follows : 1—The exterior aspect of the body is about the same in both cases—that is, when the body has been submerged before or after death ; the appearance of moss on the body would be of some diagnostic value. 2—Water and foreign bodies penetrate into the air-passages and in the bronchial tubes of those submerged before, as well as of those immerged after, death ; but in the latter the foreign bodies do not go beyond the fifth or sixth divisions of the bronchial tubes, and the liquid is arrested at the bronchi of medium size by the column of compressed air ; whereas, in the submerged during life, it penetrates down to the small bronchial tubes. 3—The epiglottis is vertical in the submerged ; it is only half open in the corpses immerged. 4—Water penetrates in a pretty large quantity to the stomach of the former, but never to that of the latter ; and in making a comparative analysis of the liquid found in the bronchial tubes, one might arrive at a certain diagnosis. 5—The same is the case with the middle ear. 6—The characteristic moss is found only in the submerged. 7—If the fluidity of the blood exists in certain cases of poisoning by opium, it is easy, by the aid of the spectroscope, and by analysis, to form the diagnosis. 8—In putrefied corpses all the signs have nearly disappeared, and the medical jurist can only draw conclusions by presumptions.—(Paris letter) *London Lancet*, March 14th.

Hypodermic Medication. — Bartholow states the advantages of the hypodermic methods of administering medicine as follows : First, effect produced more speedily, and the whole effect of the quantity introduced ; second, the results more permanent and curative ; third, the rare occurrence of gastric disturbances and irritation of the stomach avoided ; fourth, the administration may be made to persons unwilling or unable to swallow. Proper care bestowed upon syringe and solution reduces the danger of abscess, nodulation, etc., to a minimum, which is, indeed, small. Attention should be constantly directed to solutions of alkaloids, to avoid injecting the penicillum, which not only causes irritation, but has had its growth at the expense of the alkaloid. Extemporaneous solutions are best. The compressed powders and globules, which may be carried in a small space and dissolved when needed, are elegant.—*Med. Bulletin.*

Laxative and Diuretic Powder.—The following formula is given by Peter (*Union méd.*) :

Powdered squill, Powdered digitalis, Calomel,	each	1 grain.

Divide into three powders, of which one is to be given every hour in cases of dropsy, whether of cardiac, renal, or hepatic origin. The three powders may be repeated after two or three days.

—*N. Y. Med. Jour.*, March 14th.

How Fat is Made.—In temperate climates the average workingman requires somewhere about three and a quarter ounces of fat and about a pound of carbo-hydrates, as starches and sugars, in his daily food, though, of course, these quantities need not be adhered to as a hard and fast rule. The fat we use we obtain mostly from the animal kingdom, the starch and sugar from the vegetable, though there are also many useful vegetable oils and fats. Fat that is consumed in excess of our requirements becomes stored up in our systems "for future reference" ; whereas the excess of carbo-hydrates is rapidly destroyed and lost. When sugars and starches are used to the exclusion of fats in the daily food, the fat, which is then stored up, comes from a different source, and is produced by a change in the albumen we eat.

Thus excess of starchy and sugary foods goes to waste, while excess of fats is saved. —*Med. World*, March.

Molesworth's Climax Dilator.—"I regard Molesworth's Dilator as one of the most useful instruments in my possession ; and for a great variety of purposes it is far superior to anything with which I am acquainted."—A. JACKSON, M.D., Prof. in Rush Med. Col. Chicago.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE
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WALTER S. WELLS, M.D.

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ZYMOTIC.

The Cholera in 1849.—Samuel R. Percy, M.D., New York, writes: During the epidemic of cholera in 1849 I was physician to the Seventh Ward, and I attended a large number of cases. As is usual in the early outbreak of nearly all epidemics, a great many of those attacked with the disease died, but toward the latter part of the epidemic, when the disease was not so rapid in its progress, I saw the good effects of the remedies used.

With all persons over whom I had control I compelled the use of water that had been boiled. I found I could do this better by extolling the virtues of black tea, so much so, that many of the drinking saloons kept hot tea, and I thus greatly reduced the use of spirits.

I prohibited the use of crude, uncooked foods, and enforced cleanliness.

As soon as I was called to a case of cholera, I administered five grains of tannin dissolved in a teaspoonful of sulphuric ether, and if there was much nervous irritation or fatigue, this was accompanied with a dose of opium. I kept prepared the following mixture:

℞	Tannin	ʒ j. ℈ j.
	Sulphuric ether . .	f ʒ ij.
	Syrup simpl. . . .	f ʒ ij.
M.		

This was shaken and a dessertspoonful given at a dose, washed down with some sweet flax-seed tea.

I also kept prepared some very thick syrup of flax-seed; warm water added to some of this readily made flax-seed tea. This dose of tannin and ether was given every hour until the diarrhœa was conroverted; occasionally it was necessary to give ten to twenty drops of laudanum, but opium alone was insufficicnt to check the diarrhœa. I have often seen a single dose of the tannin and ether check a profuse diarrhœa; then a full dose of laudanum in ether was given to keep the patient in the recumbent position for twelve hours or more. Often these doses of tannin and ether did not check the discharge; I then gave five grains of tannin and two drachms of ether in half a pint of warm milk as an injection, using a large catheter to throw it as far up the bowels as possible.

Tannin and ether afforded me better results than any other remedies; often I needed opium, but more as a sequence to keep the patient quiet after the effects of the tannin. Opium treatment alone gave me but little satisfaction.

During the month of August, 1849, I was conversing with Professor Joseph M. Smith upon the use of tannin. He said he had tried it without any good results, but he acknowledged that he had used it only in one-fourth grain doses. He said he should be afraid to give it in five- and ten-grain doses, as I had done, fearing it would be poisonous, but he afterward saw a patient with me to whom we administered ten grains of tannin and two drachms of ether within two hours, with most successful results.

In some cases it was difficult to get persons to swallow the ether, and then I mixed it with syrup, which made it less unpleasant, and a good large mouthful of flax-seed tea removed the disagreeable taste of the ether. If I needed opium, it was given in ether sweetened with syrup.

With drachm doses of ether mixed with syrup, given every half hour or hour, I treated many cases of diarrhœa—cases that seemed to me choleraic in their symptoms. By thus early treating them I was enabled to prevent the disease from progressing to its usual fatal termination.—*N. Y. Med. Record*, April 11th.

Destroy Cholera Excretions by Fire.—If the excretions of cholera patients

be permitted to enter drains having a communication with the hospital and neighboring houses, or to reach the water supply, however disinfected, there will be undeniable risk. If, on the other hand, they be destroyed by fire, the danger, if any, will be reduced to a minimum. This is a precaution which in all places should be adopted. If vigorously carried out, it would go a long way to restrain the propagation of the disease.—*Brit. Med. Jour.*

Ptomaines in Cholera.—An original article contributed to the *Journal de Pharmacie et de Chimie*, by M. Villiers, gives an account of some investigations on the presence of alkaloids in the tissues of fatal cases of cholera. The tissues studied were the kidneys, intestines, liver, and the blood in the heart. The method of extracting the alkaloid was that of Stas. The alkaloid was obtained in fair quantity from the intestines, some traces were separated from the kidneys, but the liver and blood contained almost none. The alkaloid is liquid, possesses an acrid taste, and has the odor of fresh hawthorn. It had the alkaline reaction, and its base could not be displaced by the alkaline bicarbonates. Iodide of mercury and potash causes a white precipitate in its solutions or those of its salts. Iodized iodide of potassium gives a brown precipitate even in very dilute solutions. Bromine water, picric acid, chloride of gold, tannin, and bichloride of mercury give precipitates, but chloride of platinum and bichromate of potassium do not. Pure sulphuric acid develops a slight and fugacious violet coloration. The hydrochlorate of the alkaloid is neutral in reaction, crystallizes in long, fine needles, and is extremely deliquescent. The physiological effects in frogs were ill defined; in guinea-pigs very marked, and consisted of remarkable periodic variations in the frequency of the cardiac pulsations; the anterior limbs were remarkably convulsed three quarters of an hour after the injection, and afterwards the posterior limbs were affected in a similar manner; the convulsions passed away, and the animal remained ill and died in four days. After death there were found subpleural ecchymoses; the heart was dilated and full of liquid blood; the brain was a little congested. M. Villiers believes that the alkaloid is formed in the intestines and excreted by the kidneys.—*London Lancet*, April 18th.

Squibbs' Cholera Mixture.—

℞ Tincture of opium,
Tincture of camphor,
Tincture of capsicum . . . aa ʒ j.
Chloroform . . . . . ʒ iij.
Alcohol . . . . . ʒ ij.

M.—Dose, teaspoonful after each operation.

—*New Eng. Med. Mo.*, April.

How Typhoid is Spread.—At Yarmouth a dustman has been brought up for selling a bed which had been in contact with infectious disease. A typhoid patient had died on the bed. The defendant was given a shilling to destroy it, but instead of doing so he sold it for a shilling to another man, who afterwards found means of reselling it for £1. The magistrate fined the dustman £1 and costs, or a month's imprisonment, and the man who received it from him £2 and costs, or a month's imprisonment.—*London Med. Press*, April 1st.

Typhoid Fever—Inveterate Vomiting—Ice to the Spine.—Wm. L. Davies, M.D., Brunswick, Tenn., writes: I was called to a patient, æt. forty-seven, the mother of nine children, suffering from a severe typhoid fever with intractable vomiting, which had persisted for several days. All of the ordinary means failed to control the condition of the stomach, and even pellets of ice were instantly rejected. High temperature characterized the fever, and every effort was made for its reduction, believing that it had much to do with the production of the nausea and vomiting, but the latter prevented the medication indicated for this purpose. Thinking the vomiting might depend upon reflex disturbance of uterine origin, or ill-defined spinal derangement, I applied ice in considerable quantity to the lowest part of the spine. The vomiting ceased instantly, and a profuse perspiration followed. The use of the ice was persisted in only as the indications appeared to demand it. Taking the hint from this, however, cool sponging was instituted with marked benefit, so that the use of the extreme cold to the spine was only of occasional necessity. With the exception of anodyne injectione to produce rest at night, little other treatment was ordered. The subsequent progress of the case was satisfactory, and the ultimate recovery complete in about the average time.—*Miss. Val. Med. Mo.*, Apr.

Naphthalin in the Treatment of Typhoid Fever.—Götze (*Ztschr. f. klin.*

Med.) reports thirty-five cases of typhoid fever treated at Rossbach's clinic with fifteen-grain doses of naphthalin, the daily amount sometimes reaching to between ninety and a hundred grains. Seventeen of the cases were "aborted"—that is, the fever was arrested within ten days from its beginning. In nearly every instance the duration of the disease was shortened, and the morning remissions became unusually pronounced as soon as the treatment was begun. In only one case were unpleasant after-effects observed, a slight cerebral disturbance occurring after the patient had taken a hundred and five grains. The kidneys were never affected.—*N. Y. Med. Jour.*, April 11th.

Nourish Typhoid Patients. — Dr. Flint is reported as having said that many lives are lost by starvation, owing to an over-estimate of the nutritive value of beef tea and meat juices. In typhus and typhoid fevers, he says, there is no good substitute for milk and eggs.—*Med. and Surg. Rep.*, April 18th.

Bedsores.—In typhoid the bedsores are best treated with one ounce of collodion and one drachm each of tincture of iodine and camphor, applied with a brush.—*Med. World*, April.

Small-Pox by Correspondence.—A curious but important case, in which small-pox infection was conveyed in a letter, is reported by Mr. Karkeek. On March 1st, last year, a case of small-pox was reported to him in the person of a domestic servant, who had seen no one ill or recovering from small-pox, and who had not been out of the town for months. Moreover, no case of the disease had occurred in St. Mary-church or Torquay for years. On inquiry, it was found that the infected person had received letters from her sister, an inmate of the West Bromwich Small-pox Hospital, "who had unfortunately sent the germs of the disease in her letter." The case was at once removed to the Torquay Sanitarium, id the only person in the household who ecame ill was the recipient and reader of ie letters.—*Med. and Surg. Jour.*, April 15th.

Small-Pox Pustulation on the Face 'revented.—In 1881 Dr. Vetroff painted ith iodine the lumbar region of a patient i the prodromal stage of small-pox. The ext day the part painted was found covered all over with variolous rash, while the rest of the body presented only two vesicles. Dr. Bojinski-Bojko also tried iodine-painting in several cases in the prodromal stage, applying the iodine to the anterior surface of the thighs. In all the cases so treated the rash was limited to the regions painted, and the course of the disease was extremely favorable. An attempt to substitute a sinapism for the iodine, gave negative results. —*London Practitioner.*

Carbonate of Ammonia in Scarlet-Fever.—Dr. A. W. Jackson, of Brooklyn, calls attention to the treatment of scarlatina first brought prominently into notice by Dr. Peart, of England. This consists in the administration of from three to seven grains of carbonate of ammonia every hour for the first day, and then at longer intervals. Purgatives are to be avoided during the early stages of the disease. The writer states that he has had occasion to test this mode of treatment, and can indorse it heartily. In addition, he employs the fluid extract of eucalyptus internally and as a gargle. When there is much exudation, a mixture of carbolic acid and iodine in glycerine is painted over the parts. In too rapid recession of the rash, Dr. Jackson applies cloths dipped in thick mustard water, or wraps the child in blankets wrung out in hot water.—*N. Y. Med. Record.*

Pernicious Malarial Fever—Sweating Type.—Dr. J. D. Talbert reports three cases of the sweating type of pernicious malarial fever, in which the perspiration was so profuse that there was imminent danger of the patients sweating to death. Brandy, quinine, belladonna, nux vomica, and other stimulants were administered, but the perspiration still continued. Dr. Talbert then administered half a drachm each of the fluid extract of buchu and spirits of nitrous ether. The result in every case was that in less than half an hour the functions of the kidneys were re-established, the alarming perspiration ceased, and the patients began to convalesce.—*Med. Bulletin*, April.

Nothnagel on the Treatment of Fever.—Speaking of the needless alarm felt by physicians at the presence of a moderately high temperature, Nothnagel, in an address before the Society of Physicians of Vienna, says: "I would not ne-

glect this opportunity of lifting up my voice in this place against the (I can give it no other name) *abuse* which has prevailed almost universally in practice, of wishing to treat fever *à tout prix*. If the physician is called to a patient who fell ill yesterday, and to-day has a temperature of 38.5° C. [101° F.] or 38.7° C. [101.6° F.], a positive diagnosis cannot be made, since no certain local affection is yet to be discovered. His treatment consists in ordering quinine or some other antipyretic. In order not to do any harm, a small dose is prescribed, but, at any rate, quinine is given with the idea that the fever must be opposed. I am firmly convinced, and hope that this false and erroneous use of quinine, which is at present the fashion, will after a time again disappear. According to my conviction, with which many other investigators agree, fever, in a very large number of cases, belongs to the most beneficial influences, to those phenomena and processes of reaction which we may regard as compensatory. What *rôle* these compensatory processes play we know not. Temperatures which exceed 40° C. [104° F.] must, however, be energetically controlled, but temperatures of 39° C. [102.2° F.] do not require such vigorous treatment, especially in diseases which run a brief course. In short, it may be said that a temperature which does not exceed 40° C. [104° F.] does not injure the patient.—*N. Y. Med. Times*, April.

Inflammatory Fever.—The following, which is a modification of a formula by Prof. Gross, is recommended in all cases of sthenic inflammation, except where morphine may be contra-indicated :

℞ Liq. amm. acet. . . . ℥ iv.
Spt. eth. nit. . . . . ℥ j.
Tr. aconit. rad. . . . ♏ xx.
Morph. sulph. . . . . grs. iss.
Aquæ. . . . . ad. ℥ viij. M.

SIG.—A tablespoonful every four hours. Liquor potassæ citratis may be substituted in some cases for the liquor ammoniæ acetatis.

—*Canada Lancet.*

Faradization in the Treatment of Intermittent Fever.—Grigorjew (Dtsch. Med.-Ztg.) has employed local faradization twice a day, for fifteen minutes, in this affection, and reports that by such treatment he has cured eight out of twenty patients. Seven were cured by general faradization. It is stated that the attacks ceased after six *séances*. The manner of applying the electrodes in the former cases is not stated ; but, from the fact that the author refers to a marked diminution in the size of the spleen after each sitting, it is fair to infer that the current was passed through that organ.—*N. Y. Med. Jour.*, April 11th.

Chronic Malarial Intoxication.—In a case of chronic malarial intoxication, with enlarged liver and spleen, Prof. Bartholow advised the topical application of—

℞ Unguent. hydrargyri rubri . . . q. s.

A piece the size of a pea to be rubbed into the skin thoroughly, preferably in the rays of the sun.

Internal treatment consisted of the following prescription :—

℞ Cinchonidinæ salicylat. . . gr. v.
Ferri arseniat. . . . . gr. ½.
Extract. ergotæ. . . . . gr. ij.
Ammonii iodidi . . . . . gr. ij. M.

SIG.—To be given in a wafer, three times daily.

—*Col. and Clin. Record*, April 1st.

NEUROTIC.

Bilateral Clonic Spasm of the Platysma Myoid Muscles.—Dr. C. L. Dana reported to the Practitioners' Society of the city of New York, a case of the above occurring in a man twenty-seven years of age, and by occupation a longshoreman. He had been a healthy man previous to this disease, but had indulged in masturbation to a very great excess, which he had ceased six months before Dr. Dana saw him, when the patient complained of general nervous prostration, weakness, and inability to work, but the main symptoms were clonic spasms affecting both platysma muscles, showing themselves like the jerking and shaking of the skin of a horse when annoyed by flies. These spasms occurred especially when the patient was nervous and excited, and the muscles of the face were affected occasionally on both sides, and occasionally some of the pectoral muscles exhibited the same disorder. In other respects the condition of the patient was very good. On testing him there was found no sensory or other disturbance, and the muscular spasms were not painful. At first sedatives were used, such as bromides and tonics, but without any apparent benefit. They were continued for two or three weeks, when the patient was put upon large and increasing

doses of arsenic, and in the course of about six weeks he got well. The entire course of the disease was about three months. Dr. Dana had been unable to find any record of a case of this kind. Cases were on record in which one of the branches of the seventh nerve had been affected more than any other by such spasms, but clonic spasms of the lower branch of this nerve, so far as he was aware, had not been recorded. He regarded this condition as similar to the convulsive tic of the face, writers' cramp, etc., rather than of a choreic kind.

The points of interest in this case were: first, the cause, prolonged masturbation; second, the fact that it was cured.—*N. Y. Med. Record*, April 18th.

Cigar-Makers' Cramp.—Dr. Torino describes a condition of tetanic spasm and pain, occurring in a patient who for nine years had been employed in rolling cigars. In consequence of the spasm attacking the muscles of those fingers only which were used in his occupation, the complaint is likened to scriveners' palsy. Dr. Torino fully describes the malady, which in its gradual onset and general progress shows a marked resemblance to ordinary writers' cramp, with the difference of the muscles affected. In a well-marked instance, the patient was unable to go through the manipulations of cigar-making more than twice or thrice without producing pain situated in the left wrist and the back of the left thumb, index and little fingers, while at the same time the last-named was forcibly extended by a tetanic spasm, and the thumb and index fingers, so strongly separated that they could not be brought together. The spasm commenced in the thumb, and then attacked the index and then the little finger, which last sometimes escaped; the middle and ring fingers were not affected. The cause of the extension was shown to be a spasm of the extensors, and not a paralysis of the flexors; for when the attack passed off, the latter were quite normal in their action. The right hand was not affected. In analyzing the manual movements of cigar-making, Dr. Torino finds that the left hand is used much more than the right, and that the thumb and the index finger are the parts chiefly employed. The little finger, however, has an especial duty to perform in fashioning and pointing the end of the cigar. Dr. Torino calculates that, in making each cigar, the workman's thumb and index finger make three distinct movements; so that, at the rate of manufacture of 300 cigars a day, during nine years of 290 working days in the year, the particular movements concerned in the production of the painful tetanus must have been performed 2,470,500 times.—*London Med. Record*, April.

Neuropathic Sneezing.—In a certain number of cases, sneezing is reflex, as in cases observed by Peter Young of sneezing in pregnancy (Handfield Jones—"Studies on Functional Nervous Disorders," London, 1870, p. 644). In others it may due to a traumatic lesion of the trigeminus, as in a case quoted by Romberg, following a fall on the head. In certain others it is due to a constitutional cause. Brodie ("Local Nervous Affections," p. 61), relates the history of a young lady who was subject to attacks of sneezing, followed by nasal flux, and alternating with other crises of nervous cough, or with globus, or convulsions. Romberg mentions a boy whose sneezing fits alternated with coughing, and a young man who sneezed whenever he had an erotic thought. Charcot has shown at one of his recent lessons a young girl of sixteen who suffers from crises of laughing, coughing, and convulsive sneezing. She has many other signs of the hysterical temperament. In this case there is no secretion.—*Birmingham Med. Rev.*, April.

Treatment of Hysteria by Isolation. — Professor Charcot (*Le Progrès méd.*), in a clinical lecture, deals with this subject. The lecture was based on three cases occurring in the children of one family, where the disease had been induced by their presence at prolonged spiritualistic *séances*. The condition was so pronounced that a seizure in one was followed by a seizure in all, and this sort of thing was repeated many times daily. The children were removed to hospital and their parents not allowed to visit them. They rapidly recovered, mainly, Professor Charcot believes, owing to their removal, but they were likewise treated with bitter and ferruginous tonics and static electricity. He considers the bromides and antispasmodics as of no value in these cases. He also gives a case in which the patient, a young girl, was reduced to little more than a skeleton, and in which the parents were induced to submit to his insisting on re-

moval and isolation only as a last resort. The patient was rapidly and completely cured. He believes that isolation is the main factor in effecting the cures obtained by the Weir-Mitchell method of treatment. —*Edinburgh Med. Jour.*, April.

Pseudo-Paralysis Produced by Carbonic Oxide Gas.—At a meeting of the Royal Academy of Medicine of Torino, lately held (*Gazzetta degli Ospitali*), Professor Morselli presented a communication from Dr. Giuseppe Musso, on a new form of general pseudo-paralysis by slow poisoning by carbonic oxide.

All the forms of pseudo-paralysis hitherto recognized are due to the effect of alcohol, lead, or syphilis, but Dr. Musso now shows that general pseudo-paralysis may be developed by the incomplete combustion of carbonaceous substances in confined and illy ventilated apartments.

At the same meeting of the Society was reported a case in which trephining was performed on January 1, 1885, for epilepsy occasioned by a depression of the skull, produced four years ago by a blow. Cure resulted in a few days, and the general as well as the mental condition of the patient improved noticeably after the operation.—*Phila. Med. News*, April 25th.

Hysteria—Blistering the Nipples.—W. L. Reagan, M.D., Ivy, N. C., reports the following: Recently I was called to a case of genuine hysteria, which, it seems, had baffled the skill of two other physicians before me. The case was a young lady of perhaps twenty-three or twenty-four years. I was told that she "was given to these bad spells." From the number of empty bottles standing on the windows, mantel, and tables, I was sure there was nothing in my saddle-pockets that would avail any thing, and I was a long way from a drug store. I had no valerian, or camphor, or henbane, or asafœtida, or musk, or St. Ignatia bean, or syrup of violets. I had nothing but common "every-day" drugs. An idea struck me that I would do something that had not been done before, but it seemed that every thing had been done.

I took out my bromide potass., and that she had taken a pound of; then I drew out my hypodermic syringe; that, she said, was "no good."

It was then, with a small camel's-hair brush and a vial of liquid epispasticus, that I blistered both her nipples, and blistered them severely, extending around them with a radius of about one and one half inches. This treatment, together with some minute doses of carbonate magnesia, which I prescribed with as much care as if I had been giving arsenic, cured the lady.—*Med. Summary*, April.

Phosphide of Zinc.—Dr. Decoux, in *Gaz. des Hôpitaux*, says: Phosphorus is best given in the form of phosphide of zinc. Phosphorus is very unstable in the crude form, in pills, or in oil, and soon becomes inert; but phosphide of zinc is a reliable preparation, and its action can be measured with mathematical precision. Moreover, there is no danger to be apprehended from accumulation, its elimination being completed about the third day; and there is no risk from an overdose, as that would be rejected by the stomach. Phosphide of zinc is of great service in neuralgia, anæmia, hysteria, rachitis, dysmenorrhœa, spermatorrhœa, and sterility. In rickets it is especially valuable; and in amenorrhœa and dysmenorrhœa it is a useful and reliable medicine.

The dose of phosphide ranges from gr. $\frac{1}{6}$ to gr. $\frac{1}{4}$.—*Med. World*, April.

Treatment of Tetanus.—The following is a summary of the treatment advocated by Prof. Verneuil for this disease (*Revue méd.*): 1—Complete immobilization of the patient, obtained by fastening him firmly in a large gutter splint for the body and limbs; 2—the maintenance of an elevated and constant temperature, with light diaphoresis, by enveloping the patient in a thick covering of cotton-wool; 3—uninterrupted sleep, obtained by a chloral intoxication, maintained constantly for upward of three weeks.—*N. Y. Med. Record*, April 25th.

Diabetic Neuralgia.—Dr. Florain (*Gazette méd. de Paris*,) details a case under this title. The patient was a married woman, aged forty-four. She had never been ill. Before and during her last pregnancy she experienced intolerable pain, coming on during the night after an hour or two of sleep, and completely disappearing in the morning. She compared the pains to the pricks of pins. They began in the left hand, after which the corresponding fingers of the right hand were seized, until all the fingers were affected, the pain spreading systematically. During her confine-

ment the pains disappeared completely, but some months after that the pains reappeared in the same order as before. As soon as she went to bed she experienced most intolerable formication in the fingers, and had to get up and walk about her room. During the day the pain subsided, but the fingers remained engorged. She had been treated with quinine, valerianate of zinc, and bromide of potassium without any benefit resulting. When the urine was examined, it was found to contain sugar, and the saliva was acid. The patient was forthwith dieted and put on alkaline treatment. The hands were faradized twice a week. A strong current was passed into acidulated water in two zinc basins, and the patient placed her hands in the water for twenty minutes each time. Under the treatment the pains gradually diminished in intensity and finally disappeared, while the sugar in the urine was reduced to a mere trace.—*Edinburgh Med. Jour.*, April.

Symptoms of Meningitis.—From the study of a considerable number of cases of meningitis, Dr. Kering (*Raccoglitore medico*) has convinced himself of the presence of a symptom which hitherto has attracted but little attention. In the majority of cases the classical symptom of rigidity of the neck and back is present, and in a few there are also contractions of the extremities. But in many cases, the author says in most, while there is rigidity of the neck and back, there is not any of the extremities as long as the patient lies in bed. If the legs or arms become flexed they can readily be straightened again. But if the patient be raised and placed, for example, sitting on the edge of the bed so that the legs hang over, the limbs become markedly rigid, and there is even a contracture of the knees and sometimes of the elbows in the flexed position. If now the patient be placed in the erect posture, the contractures disappear, and return again when the former sitting position is resumed.—*N. Y. Med. Record*, April 4th.

Veratrine in Muscular Tremor.—Dr. Féris (*Jour. de méd. de Paris*) has employed veratrine in the tremors resulting from various affections, such as alcoholism, typhus fever, disseminated sclerosis, etc., with perfect success. The drug is usually given in pill form, four being given in a day, each containing $\frac{1}{125}$ grain; an appreciable modification of the tremor ensues promptly after having taken the fourth pill, as the patient can readily ascertain by attempts at writing before and after having taken the remedy. The treatment lasts from five to fourteen days, though to ensure a permanent cure the drug ought to be taken at least twelve days after the disappearance of the tremor.—*Therap. Gaz.*, April.

Tetanus and Chorea—Ether-Spray on the Vertebral Column.—Bonteillier reports in *Le Progrès méd.*, 40, 48, a case of traumatic tetanus which was perfectly cured by the ether-spray, applied at first every two hours, then every five hours, to the vertebral column. In a case of chorea, where the application was made every morning and night and lasted from three to five minutes, another perfect cure was obtained within a month. It need not be added that all other known remedies were previously tried in vain.—*Therap. Gaz.*, April.

Electro-Puncture in the Treatment of Lead Palsy.—Dr. Lopez Alonzo relates (*Revista de Medicina y Cirugía Prácticas*) the case of a man thirty-six years of age, a printer, who suffered from severe lead-poisoning. The hands and fingers were flexed, and the electrical contractility in the extensor muscles was abolished. Not being able to produce contractions with the strongest currents when the electrodes were placed on the skin, the writer bethought himself of electro-puncture, which he had already employed in the preliminary examination. By this means the muscular contractility was revived, and after a few days reactions could be obtained with electrodes placed on the integument. In about a month the wrist-drop was cured, and the patient was able to resume his occupation of type-setting.—*N. Y. Med. Record*, April 4th.

Bisulphide of Carbon in the Treatment of Neuralgia.—The *Union médicale* contains the following suggestion with regard to "pure neuralgia" (*névralgie pure*) not due to any local cause: Pour ten or fifteen drops of bisulphide of carbon upon a bit of cotton and apply it directly to the seat of pain, care being taken that the liquid does not evaporate too quickly. A feeling of warmth is first experienced, then a slight painful sensation, which vanishes as soon as the cotton is removed. The

relief is said to be immediate, and no local lesions are observed, except a temporary redness of the skin.—*N. Y. Med. Jour.*, April 11tl..

Cocaine Hypodermics.—Prof. Bartholow treated a case of cervico-brachial neuralgia by the subcutaneous injection of gr. ½ of cocaine hydrochlorate in the neighborhood of the affected nerve. The injection of morphine and atropine in combination might also be used. In the chronic variety he would greatly prefer ether or chloroform used in the same manner.—*Col. and Clin. Record*, April 1st.

Aconite in Neuralgias.—Aconite is the perfect physiological remedy against neuralgia, especially when it is based upon congestive or sub-inflammatory trouble, but its action is often slow, so that morphine will have to be given with it, as a palliative, until great relief or a cure is effected. When there is a rheumatic element, colchicum may also be added.—*Cin. Lancet and Clinic*, April 18th.

RESPIRATORY.

Pulmonary Rheumatism.—In a recently published thesis, M. Lebreton (*Rev. méd.*) presents the results of his studies on the pulmonary manifestations of rheumatism. These may occur, he states, independently of any articular affection, in subjects who have previously suffered from rheumatism, or who come from a rheumatic family. Pulmonary rheumatism occurs under two distinct forms, the pneumonic and the œdematous. The former is not necessarily associated with a cardiac implication, but may occur when the heart is unaffected. The facies in this form is peculiar, and does not at all correspond to that of ordinary acute pneumonia. The face is pale, and it, as well as the entire body, are bathed in profuse acid perspiration. The stethoscopic signs are fugitive, and may be located at the right apex to-day and to-morrow may be at the left, or may have dispeared entirely. In the œdematous form the symptoms vary greatly in intensity. There is first difficult respiration, the face is pale, the body is covered with perspiration, the chest is filled with râles, indicating a general bronchitis. The heart is normal. Sometimes the symptoms come on so suddenly and with such intensity that the patient may be carried off in a few minutes. In addition to these two distinct types there are frequently pulmonary manifestations of rheumatism under the form of congestion. Of these, three clinical varieties are to be noted :

1. Hæmoptysis. In rheumatic subjects there may be frequent and profuse hemorrhages from the lungs without any tubercular trouble.

2. The remittent form. Here we meet with remittent or intermittent attacks of dyspnœa, more severe at night, and due solely to rheumatic congestion of the lungs.

3. The latent form. This is characterized by the single symptom of a peculiar sound, resembling the crepitant râle of pneumonia, heard in inspiration, and most frequently in the right auxiliary line at the junction of the upper and middle third. The treatment of pulmonary rheumatism consists in the administration of salicylate of soda, or of iodide of potash for the persistent manifestations, and of sulphate of quinine for the hemorrhagic and remittent forms.—*Med. Age*, April 25th.

Pilocarpine in the Treatment of Pneumonia.—Mollière (*Lyon méd.*) reports at length a case of double pneumonia treated with injections of pilocarpine, and adds some remarks concerning the efficacy of the drug. After reviewing the congestive effects produced in various organs by the presence of consolidation in both lungs, especially the symptoms referable to the kidneys, he draws the inference that by causing profuse perspiration the renal trouble may be relieved, with the result of producing a sensible diminution in the general blood pressure. In short, he believes that the cerebral disturbances so frequently observed in cases of double pneumonia are uræmic in their origin, and should be treated accordingly. A sixth of a grain of pilocarpine is the amount injected, and the effect is speedy and persistent.—*Jour. Amer. Med. Ass'n*, April 4th.

Vagus Pneumonia.—Our Vienna correspondent writes as follows concerning vagus pneumonia : "The changes in the lungs caused by cutting through the vagus nerves have formed, since the time of Valsalva, the subject of very deep research. All animals whose vagi have been divided in the throat perish sooner or later. Most of them die of broncho-pneumonia. Traube is of opinion that this vagus pneu-

monia is caused by the penetration of mucus and of food matters into the trachea. Schiff, however, gave the following explanation: The vagus is the nerve which supplies the muscles of the vessels of the lung; if it is severed, paralysis of the muscles with hyperæmia and inflammation occur.—*London Lancet*, March 7th.

Pneumonia—Ether Inhalations.—Dr. Francis, of Newport, says that pneumonia can be broken by inhalations of ether. If no kidney disease be present, it may be worth a trial. The Doctor advises that it be used every six hours.—*Med. Summary*, April.

Acute Pleurisy.—In the first stage of acute pleurisy in young and vigorous adults, Professor DaCosta recommends the abstraction of eight to twelve ounces of blood by means of wet-cups. This is to be followed by the application of a large poultice, over which a few drops of laudanum may be sprinkled. If wet-cupping be inadmissible, turpentine or mustard cloths should be placed over the affected side, and the patient made comfortable by small hypodermatic injections of morphia. Aconite should be administered to control the circulation, and the patient be kept gently under the influence of opium by small doses of pulv. Doverii.

After the effusion has occurred, neither cupping, nor turpentine, nor aconite, should be employed, as the heart is apt to be displaced and the circulation depressed. Digitalis should then be given for its stimulant and diuretic effects. Acetate of potash will also be found beneficial. In cases where the effusion lingers, Professor DaCosta recommends the administration of iodide of potash, combined with the external application of small, frequently-repeated blisters. Mercury at times will effect a cure when every thing else has been tried in vain.

In those cases where the effusion is so overwhelming as to threaten life, there is no other alternative but to tap or aspirate, to gain time.—*Med. Bulletin*, April.

Tracheocele.—Dr. E. Fletcher Ingalls furnishes us with the report of a typical case of this rare and interesting affection. It was shown at his laryngological clinic at Rush Medical College. The patient was a laboring man, aged fifty-four, who suffered from chronic bronchitis and emphysema. He presented a tumor irregularly hemispherical in shape, about the size of half a hen's egg, and located directly in front of the upper part of the trachea, in the position of the isthmus of the thyroid gland. This tumor was firm but elastic to the touch, and moved upward and downward with the acts of deglutition, but its movements are much less than those of ordinary bronchocele. Pressure upon it did not materially lessen its size, but when the patient closed his mouth and nose and made a sudden expiratory effort, or when he coughed, the tumor suddenly enlarged to the size of a small orange, and the left side of the neck and supra-clavicular region would bulge out from one half to three fourths of an inch. By percussing over these regions and over the tumor, when thus disturbed, decided tympanitic resonance was observed. The larynx was normal, and nothing peculiar could be discovered in the limited portion of the trachea which could be seen.

The diagnosis was tracheocele. The disease is a rare one. It occurs oftener in men than women, and in two cases at least it was congenital. The cause cannot always be ascertained, but it is usually some unusual strain on the expiratory muscles. Tracheocele sometimes causes dyspnœa and weakness of voice. In the present case it caused no inconvenience, and required no direct treatment.—*N. Y. Med. Record*, April 4th.

Inhalation of Salt in Chronic Pulmonary Affections. — Dr. A Tobold (*Schmidt's Jahrbücher*) recommended some years ago the use of a salt spray in the sleeping apartments of those suffering from chronic inflammatory affections of the respiratory organs. There were many difficulties, however, in the way of this application, and now the author advises the insufflation of dry salt in very fine powder. This has the advantage over spray, that it penetrates more deeply into the respiratory passages. Two applications are made daily, and at each sitting ten or twelve deep inspirations of the salt powder are taken.—*N. Y. Med. Record*, April 18th.

Acetate of Lead in Hæmoptysis.—From a series of carefully conducted observations regarding the action of sugar of lead in phthisis, by Dr. Biedert (*Wiener med. Woch.*), we abstract here his most important opinions and results:

Lead has no favorable influence over the development of the phthisical process as such. The only symptom, the severity of which could always be abated, was the expectoration, which in six cases was reduced from great copiousness to one half and even one fourth the original quantity. This effect can justly be attributed to the contraction which lead produces in the small arteries and arterioles. The more important effect of lead, of checking hæmoptysis, of course depends upon the same power it exercises on the circulation. Biedert does not hesitate to designate the acetate of lead as the most powerful and reliable hæmostatic at our disposal, its promptness and energy having been tested by him with the most satisfactory results in seven cases of phthsis, two cases of chronic and one of acute pneumonia, and in a number of other affections. He insists upon doses of sufficient strength, such as three-fourth grain given every two or three hours, until the hæmorrhages stop; if straining and irritative coughs be present, opiates ought to be administered with the metal. In persistently returning paroxysms of hæmoptysis, Biedert advises a prolonged exhibition of the drug in decreasing doses. In a case of nephritis in a small boy, the sugar of lead acted with equal promptness in stopping the bleeding. Biedert states that he has never observed any systemic intoxication in quantities ingested as great as seventy-five grains. Only in one instance, a case of phthisis, after the use of ninety grains, he noticed decided symptoms of lead-poisoning. Hence, this possibility should never be lost sight of in cases requiring a protracted use of the metal.—*Therap Gaz.*, March.

Night-Sweats of Phthisis—Ergot.—Prof. DaCosta says that in the treatment of the night-sweats of phthisis ergot is preferable to atropine, being more permanent in its effects, and has the additional merit of not producing the dryness of the throat which so frequently follows the administration of atropine. He would give gr. ij. of ergotin ter in die, the last dose given at bedtime.—*Col. and Clin. Record*, April 21st.

Relation of Necrosing Ethmoiditis to Nasal Polypus.—Dr. Woakes read a paper to the Med. Soc., London, on a form of inflammation starting in the nasal tributaries of the ethmoid bone, involving periostitis and necrosis of the bone; the progress of the inflammation was insidious. He had collected eighty such cases; the origin of the disease was commonly to be traced to frequent prolonged catarrhs, occasionally to exanthems, occasionally to injury; it might be found at any age beyond puberty, and was generally symmetrical. If examined at an early age, small projecting growths might be seen on the middle turbinated bone; these growths gradually enlarged, and led to displacement of the bones and distortion of the nose; in this latter stage, the existence of roughened exposed bone was, as a rule, easily ascertained. In process of time, the turbinated bones became cleft, and polypoid growths became a marked feature of the case. The rapidity and extent of the necrosis varied very much, so that in an extreme case, observed by Mr. Erichsen, the sella Turcica was expelled through the nose; abscess of the antrum or polypoid degeneration of its lining membrane might follow an enlargement of its aperture of communication; in another series of cases, a rapidly progressing myxomatous growth might occur and involve necrosis of thin plates of bone. The disease appeared to be always progressive, and never to undergo spontaneous cure. The microscopic structure of the growths had been studied by Mr. Edgar. Thurston.—Mr. Spencer Watson thought that nasal polypi were generally due to obstruction, leading to rhinitis; he thought that necrosis ethmoiditis could not be a very common disease.—Mr. Cresswell Baber could not accept the theory that nasal polypi were commonly connected with necrosis; the size of the middle turbinated bone varied very much, and a large turbinated bone might be mistaken for an hypertrophied bone.—Mr. Stoker coincided with the views put forward by Dr. Woakes.—Mr. Walter Pye thought that even in children necrosed bone might be found, if searched for, in the neighborhood of small polypi.—Dr. Woakes had never met with a case of polypus of the nose in which he searched for necrosis and had not found it. A normal middle turbinated bone was rarely to be seen.—*British Med. Jour.*, April 4th.

Chest - Weakness — The Snow Cure.—A clergyman, the subject of a chronic throat-affection, was caught in a snow blockade when travelling between Brandon and Winnipeg. He took his full share of snow shovelling. His feet were

wet through, as there was a warm wind, and he had only a thin pair of mocassins on. He never expected to see England again; but, contrary to his expectations, that one day's work effectually cured him. In the same train there were others suffering from throat and lung affections, and all were alike benefited by their sojourn amongst the snow. It has been noticed that many cases of chest delicacy are benefited by a winter's residence in Montreal, Quebec, Halifax, and Winnipeg. Care must be taken in the selection of cases for such a residence. Those which are chronic in their nature are most likely to be benefited. The atmospheric conditions of these places are much the same as those met with in Davos Platz and other "high altitude" resorts. There is a freedom from moisture and from dust. The winter amusements of skating, tobogganing, sleighing, etc., etc., are also all well calculated to exert a favorable influence upon the patient's nervous systen, stimulating him and driving away depression of spirits, which is one of the worst enemies to a favorable convalescence.—*Med. and Surg. Reporter*, February 7th.

Hæmoptysis — Emesis.—For obstinate cases of pulmonary hemorrhage that cannot be controlled by the usual remedies, Professor Bartholow recommends the administration every half hour or hour of—

℞ Ext. ipecac. fl. . . . . m v.
Tinct. digitalis . . . . m x.
Ext. ergotæ fl. . . . . ʒ j.
M. SIG.—For one dose.

The ipecac. will produce emesis in a short time. As soon as this occurs the bleeding will stop. Dangerous post-partum hemorrhage can be effectually checked in the same way.—*N. W. Lancet*, April.

Hæmoptysis—Matico.—In hæmoptysis, when the usual remedies, as ergot, gallic acid, etc., have failed, Prof. DaCosta advises the use of the tincture of matico, in doses of ʒ ss.–ʒ j., every two or three hours. —*Col. and Clin. Record*, April 1st.

Irritative Fever of Phthisis.—For the irritative fever of pulmonary consumption, Prof. DaCosta advises the use of—

℞ Quininæ sulphat. . . gr. iss.
Extract. digitalis . . . gr. ss.
Pulv. opii . . . . . gr. ¼. M.
Ft. pil.
SIG.—Ter in die.

—*Col. and Clin. Record*, April 1st.

Catarrh, Pharyngeal—Yellow Oxide of Mercury.—Chronic catarrh of the pharynx is an affection of frequent occurrence. The treatment is easily carried out. The pharynx and nose are thoroughly cleansed, and a little of the ointment (about the size of a pea) taken on a cotton-wrapped probe and introduced through the nose. The temperature of the body is sufficient to cause the vaseline to melt and spread over the posterior nares and pharynx. Where the pharynx is mainly involved the ointment may be introduced by the patient himself by a camel's-hair brush just prior to retiring in the evening. The recumbent posture favors the spreading of the medicament to the involved structures. The application causes no pain or inconvenience. It may be used about three times a week, or at most once a day. The strength of the ointment is as follows:

℞ Hydg. oxidum flav. . . . . gr. x.
Vaseline puræ . . . . . ʒ j.

Mix thoroughly until the minutest particles of mercury have been rubbed up.—*Med. Summary*, April.

Catarrh, Chronic Bronchial.—In the case of a man, æt. sixty-four, at the clinic, suffering from chronic bronchial catarrh, also beginning atheromatous degeneration of the arteries, Prof. DaCosta prescribed:

℞ Ext. pruni virginianæ fluid.,
Tincturæ gentianæ comp. āā f ʒ ss.
Acidi carbolici . . . . . gtt. j. M.
SIG.—Ter in die.

—*Col. and. Clin Record*, April 1st.

Catarrh, Bronchial.—For a boy, fifteen years old, suffering from bronchial catarrh, Prof. DaCosta prescribed:

℞ Ammonii chloridi . . . . . gr. x.
Chloroformi . . . . . gtt. v.
Mist. glycyrrhizæ comp. . . . f ʒ j.
SIG.—Ter in die.

Turpentine was ordered to be rubbed upon his chest.—*Col. and Clin. Record*, April 1st.

Catarrh—Circular Tubular Mats.—Dr. Roberts, of New York, has invented, and applied to use, a series of circular and flat rubber bags; these he applies to head and throat in cases of catarrh, the bags being previously filled with warm water. The doctor says that catarrh is due to obstructive circulation, and that the cold contracts the capillary circulation, which is relaxed by the local application of heat. The same

end can be obtained by the atomizer, but the bags are excellent as an adjunct, nevertheless, for they can be used in other diseases where the local application is required.—*Med. Summary*, April.

CIRCULATORY.

Inhalation and Injection of Blood.—It would truly be a great help in therapeutics if the functions of the stomach could be temporarily transferred to the lungs, or those of the lungs to the intestinal tract, thereby giving the affected organs rest. Professor S. Fubini, of Palermo, has been working in this direction, testing the capacity for vicarious action of the lungs. Obtaining a mixture of twenty parts defibrinated ox-blood and eighty parts of a three-fourths-per-cent. solution of common salt, he caused it to be inhaled by means of a double-bulb spray. No irritation was caused, and Fubini claims that the effects upon anæmic patients were instantaneous and striking. In cases of oligæmia, repeated inhalations of blood produced rapid improvement, as evidenced by the ordinary signs, and as tested by examining the blood with the hæmatocytometer and chromocytometer.

Professor von Ziemssen, of Münich, has recently brought forward claims for the therapeutic value of subcutaneous injection of human blood. After much experiment, he found that the injection of the blood of other animals was attended with unpleasant symptoms and did no good. On the other hand, the subcutaneous use of human blood, in doses of twenty-five to fifty cubic centimetres, repeated a few times, exercised a pronounced and beneficial effect upon the quality of the patient's blood and the general condition.

A man forty years old, suffering for six weeks from scorbutus, and having a high grade of anæmia with hemorrhages, etc., received an injection of fifty centimetres of defibrinated human blood, in two doses. Next day the hæmoglobin amount had risen from 0.34873 to 0.47887 (normal being about 1.44000). Two days later this had fallen a little. He then received a second injection, and on the following day the hæmoglobin amount was 0.49758. From this time on he improved so rapidly that further injections were not needed.

The blood used is drawn from the veins into a warm vessel and defibrinated. The most careful antiseptic precautions on the part of the operator are required. Finally, the blood must be directed toward the heart, and as it is injected, massage with the oiled hands must be actively used.

Professor Ziemssen's method of injecting blood produces similar results to those obtained sometimes by transfusion. He claims an advance, however, in that he has rejected the use of any thing but human blood, and has devised a process which is simple and safe.—*N. Y. Med. Record*, April 11th.

Laparotomy for Traumatic Aneurism of the Abdominal Aorta.—Professor Loreta, of Bologna, operated, on December 18th, upon a sailor, who was suffering from an abdominal aneurism, caused by a blow. An incision was made from the ensiform cartilage to the umbilicus, the aneurism exposed, and its cavity filled up with two metres of silver-plated copper wire. Twenty days later no trace of pulsation remained in the sac. On March 9th the patient had quite recovered, and was able to resume his duties.—*British Med. Jour.*, March 28th.

Nervous Shock a Cause of Pernicious Anæmia.—Dr. Roland G. Curtin read the history of three such cases before the Philadelphia Co. Med.: In the *British Medical Journal* of August 23, 1873, a case is reported illustrating how acute anæmia may be caused by fright.

The case presented itself at St. Bartholomew's Hospital in the person of a young woman, æt. twenty, pallid, bleached, not menstruating, and with the typical aspect of an anæmic female. She stated that ten weeks previously she was in perfect health, had a good color, and menstruated regularly. At that time a fire broke out in a house adjoining that in which she lived, and she had been exceedingly alarmed. Since then her menses had ceased and she had assumed her present appearance. There can be no doubt that anæmia is too frequently regarded and treated as the result of a constant blood-defect, the consequence of a chemically-altered circulating fluid. Such cases direct attention to a deeper and more significant pathogeny for some forms of anæmia,—an altered condition of the nervous system.

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Mackenzie, in an article on the subject

in the *London Lancet* (March, 1879), in speaking of the causes, says: Mental shock or emotion has been shown in several cases to be the starting-point of the disease. Thus, in a case related by Sir H. Marsh, a young lady accidentally poisoned her father by giving the wrong medicine. She was so overwhelmed by grief that she took to her bed, became anæmic, and died. In another instance a young man saw a child run over in the street. He was very much shocked at the occurrence, and never felt well from that date. He became progressively anæmic and weak until death, when nothing abnormal was found in his body except a bloodless condition of the viscera.—*Phila. Med. Times*, April 4th.

Chlorosis.—Professor Bartholow's experience is confirmative of the truth of the theory recently advanced, that chlorosis is dependent upon a depression of the nervous centres. A typical case in illustration was recently presented before the Jefferson Clinic. The patient, a girl, æt. twenty years, had been taking iron and arsenic for a long time with but little benefit. She still had the characteristic chlorotic complexion. Her appetite remained poor. She suffered great distress after meals, and her bowels were markedly constipated, only averaging one passage a week.

Professor Bartholow directed her to take as a nerve-tonic, and as a stimulant to the primary assimilation—

℞ Strychniæ sulph. . . . gr. j.
Acidi phosphorici dilut. . ℥j.
M. SIG.—Ten drops in water after meals.

For the constipation he directed her to take, three times a day, a pill composed of—

℞ Ext. nucis vomicæ . . gr. ¼.
Ext. physostigmæ . . gr. ½.
Ext. belladonnæ . . gr. ½.
Ext. aloes . . . gr. j.
Ferri sulphatis exsicc. . gr. j.

Under this treatment, her improvement was rapid.—*Med. Bulletin*, April.

Effects of Alcohol Poisoning on the Heart—Nitro-Glycerine.—Dr. A. S. Coe writes as follows: I have been forcibly impressed with the effects of alcoholic poison upon the action of the heart in several cases that have come under my observation—cases that gave no evidence of mental disturbance characteristic of *mania a potu*. The mind was clear and rational, save an expression of an overpowering sense of fear of speedy dissolution. The exhibition of anxiety, fear, and sometimes terror, which no assurance from me could allay, was pitiable. This state of mind is instinctive, due to the effect of alcoholic poison upon the action of the heart. It is analogous to the overpowering sense of fear of impending dissolution experienced in angina pectoris, and in the sudden paroxysms induced by fatty degeneration of the heart, but there is no dyspnœa or orthopnœa. The subjects had been drinking daily, for a long time, a large quantity of alcoholic stimulants, until the system had become thoroughly saturated and poisoned. The stomach was irritable and refused to retain food; the pulse small, thready and intermittent; the heart's action very irregular; the sleep fitful and disturbed, the patients waking with a start, in a nervous tremor and abject terror, begging for more drink and insisting that they must have it or they would die.

This thirst and craving for more drink are, in a great measure, due to the demand of the flagging heart for support to enable it to continue its work; the demand is imperative; hence the instinctive sense of fear, amounting, in some cases, to abject terror. A heart stimulus and restorative soon appeases the desire for more stimulus, and allays the fear. I found that nitro-glycerine, one one-hundredth of a grain, given every half hour or hour, soon steadied the pulse, and gave strength and uniformity to the heart's action, and caused the importunate demand for more alcoholic stimulus and the abject fear to cease. The effect was almost immediate; the pulse soon became full and steady, and the heart restored to its rhythmic action; the face soon became flushed, and they complained of a sense of cerebral fulness, which soon passed off.—*New York Med. Jour.*

Injection of Blood into the Pleura.—Dr. B. Silva, in *Il Morgagni*, after experimenting on dogs as to the effect of injections of blood into the pleura, gives the following résumé of his results:

1. The pleura absorbs the defibrinated blood as readily as the peritoneum.

2. The uniform result of injections of defibrinated blood into the pleura (the blood of the same species being always injected) is an increase, in from four to five hours, of the hæmoglobin in the red blood-corpuscles. This increase persists beyond the fourth day after the injection.

3. The maximum increase of hæmoglobin

is perceptible in the first twenty-four hours.

4. The absorption of hæmoglobin is greater when the injections are small. If the injected blood produce atelectasis, there is frequently no visible increase in the hæmoglobin.

5. Transfusion of blood into the pleura increases the excretion of urea.—*Phila. Med. News*, April 11th.

Hemorrhagic Condition.—Five minims each of spirits of turpentine and tincture of hamamelis in an ounce of mist. amygdalæ may be given three times a day, with marked benefit, in hæmatemesis, hæmoptysis, and menorrhagia.—*Med. World*, April.

Irritable Heart.—In a case of excessive irritability of the heart, in which the pulsations numbered 180 per minute, Prof. DaCosta prescribed—

℞ Digitalis . . . . . gr j.
Extract. belladonnæ . gr. ¼. M.
SIG.—In pill form, ter in die.

—*Col. and Clin. Record*, April 1st.

Sclerosis of the Coronary Arteries.—Leyden has published in the *Centralbl. für die Ges. Therapie*, the plan of treatment which he adopts in these cases. He recommends first of all some hygienic precautions, such as moderate diet and exercise, and the avoidance of hard work and violent emotions. Some weeks may be spent very profitably every year at Carlsbad, Marienbad, or Kissingen. When the symptoms of angina pectoris have appeared, the treatment must be directed chiefly against them. During the paroxysm complete rest is essential, and means must be taken to prevent paralysis of the heart; hot drinks, champagne, camphor, ether, musk, valerian, etc., are all useful, while digitalis and bromide of potassium are dangerous. The former, however, is to be given when there is œdema of the lungs, and when the arterial tension is much diminished. Narcotics must generally be avoided, but an exception can be made in favor of morphia, which is useful when there is much dyspnœa. Inhalations of chloroform and ether have not yet been proved to be exempt from danger. Inhalations of nitrite of amyl give excellent results, but only when the vessels are contracted. As for the nitrite of sodium, Professor Leyden has not seen any benefit from its use. When the quantity of urine is diminished, saline diuretics, scilla, and caffeine are indicated. Warm baths often do more harm than good, but a poultice on the chest is generally agreeable to the patient.—*London Med. Record*, April.

Intermittent Pulse. — Dr. B. W. Richardson, London, recommends the use of alcohol as the one agent which most influences the nervous mechanism of the heart, so as to exert an immediate control over an intermittent pulse. Its action is prompt and decisive. He has seen a total cessation of the phenomenon within five minutes after the administration of six drachms of pure alcohol in water, in a case wherein the pulse intermitted at least ten times within a minute. He says that this effect is so reliable that the patient unfortunately often resorts to the remedy, to his ultimate disadvantage.

In similar cases we have often found great benefit from the administration of one third of the following mixture three times a day when the patient abstains from alcohol and has no organic disease of the heart:

℞ Spt. chloroformi . . . . . ʒ j.
Spt. ammon. arom. . . . . ʒ j.
Aquæ. camph. . . . . ʒ j.
Mix.

—*Med. World*, April.

Rheumatism—Bee Stings.—*El Siglo Medico* relates the following singular cure from La Paz, Bolivia. A woman had suffered so much from rheumatism, that for six months she had hardly slept. Her right arm was so affected that it was quite useless; she could not work with it or dress herself. While in this state she heard of a countryman who suffered in the same way, and who had been cured by the accidental sting of a bee. As the pain caused by the sting could not be worse than that due to the rheumatism, she determined to try the same remedy. Three bees were obtained and made to sting her on the right arm. The success of the treatment was surprising and complete. On the following night she was able to sleep, and the acute pain had all but completely disappeared. The arm was naturally a good deal swollen, owing to the sting, but the swelling quickly disappeared with cold-water dressing. The use of the arm gradually returned, and since then there has been no symptom of rheumatism. It is said that the same remedy has been equally successful in several other persons.—*London Med. Record*, April.

Epistaxis—Hamamelis.—Dr. W. T. Easley reports an obstinate case of epistaxis in which all the ordinary hæmostatics had been used in vain. The hemorrhage was so profuse that death seemed inevitable unless it could be controlled. Dr. Easley then prescribed the fluid extract of hamamelis in ʒ ss. every fifteen minutes. This checked the flow immediately.—*Med. Bulletin*, April.

Diuretics in Angina Pectoris.—Diuretics are indicated in angina pectoris, when the urinary secretion is diminished, whether the kidneys be diseased or not, as the state of the heart dominates the situation. Squills, diuretic salts, water, and caffeine are the best to employ. Citrate of caffeine, in about one-grain doses, is especially useful, as it acts as a heart tonic, and in this way is diuretic. It is also beneficial in cardiac asthma.—(Prof. Leyden in *La France médicale.*)

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Dr. S. T. Bruen suggests the following formula for internal administration :

℞ Caffeine,
Sodæ benzoatis . . āā gr. xv.
Elix. aurantii,
Aquæ dest. . . . āā ʒ ij.
M. SIG.—One teaspoonful for a dose.

—*Med. World*, April.

Gun-Shot Wounds of the Heart—Testimony.—A curious case of the vagaries of expert evidence was developed in a murder trial a short time since in Oneida County, New. York. A murderer named McCarg was on trial in Utica, charged with shooting a woman. She was found dead on a bed in her father's house, while in another room, twenty feet distant, a revolver was found. An examination of the body showed that the bullet had passed through the right and left ventricles and aorta of the heart, and the testimony of several physicians was taken to the effect that death must have been instantaneous, thus defeating, necessarily, the defence of suicide. The criminal was convicted; but not altogether on this evidence against the possibility of suicide.

While the trial was in progress, another tragedy transpired only a few miles from Utica, and a man was shot twice, once through the right lung, and once through the left lung, the left auricle, and the right ventricle of the heart. This injury was very similar to that of McCarg's victim, but it was shown that the injured man walked, actual measurement, eighty-two feet before he fell, a much longer distance than was testified on the McCarg trial to have been out of the question.—*Med. and Surg. Rep.*, April 18th.

Gout.—In the *Pharm. Post* we find the following for the cure of acute and chronic gout. It is claimed that this remedy gives almost instant relief of the pain. It reduces the swelling, and increases the amount of urates in the urine from fifty to one hundred per cent :

℞ Ammonii chlorid. 4
Kali chlorat. 1.5
Glycerine 12
Aquæ 96
S.—Two to three teaspoonfuls every six hours.

—*Cin. Lancet and Clinic*, April 18th.

Effusions of Blood.—To render blood more coagulable, when we have effusions of the same into cavities and so cannot ligate the bleeding orifices, Prof. Gross advises :

℞ Acid. gallici . . . . gr. ij.
Digitalis foliorum,
Ergotin. . . . . āā gr. j.
Opii . . . . . gr. ss. M.
SIG.—Ter in die.

—*Col. and Clin. Record*, April 1st.

ALIMENTARY.

Cancer of the Tongue and Smoking.—Mr. Whitehouse writes to the *British Medical Journal :* As to whether smoking may be the immediate cause of cancer, surgeons are not agreed; but there is a condition of the tongue which is, in many cases, the precursor of epithelioma, namely : "leucoplakia"; and this disease is more generally considered to be caused by smoking. Mr. Barker, writing on this inflammation, in Holmes' "System of Surgery," points out that among seventy-five recorded cases, seventy-one smoked, and only four were non-smokers. Buzenet used the term, "*plaques des fumeurs*" for this disease, because he was convinced that smoking so often gave rise to it. Mr. Hulke has more than once shown that "leucoplakia" may be the starting-point of epithelioma, and out of the above-mentioned seventy-five cases, forty-four developed epithelioma, and in one only was there a family history of cancer. Mr. Morris also states that out of fifty-five cases of cancer of the tongue,

thirteen, or about one-fourth, had been the seat of this leucoplakia, or ichthyosis. Mr. Bryant's experience has been of a similar character.—*Med. Record*, April 4th.

Carcinoma of the Peritoneum.—Atkinson prefers to regard so-called colloid cancer not as a distinct variety, but rather as a degenerative change, such as may be present in either the scirrhous or medullary form. Pain is the earliest and most important symptom; the local tenderness is probably due in most cases to accompanying peritonitis, as are also various gastric disturbances. Locally an enlargement of the abdomen will be noted, and in most cases nodular masses may be defined on careful palpation. Ascites is constantly present, and frequent masks the local condition. If a sanguinolent fluid is obtained by tapping, there is a strong suspicion that cancer of the peritoneum is present; the diagnosis is confirmed if this fluid deposits a sediment containing groups of epithelial cells. Œdema of the lower extremities is frequently marked. The patients rapidly emaciate, fever is present, metastatic deposits are formed, and death eventually takes place by exhaustion, peritonitis, hemorrhage, or some pulmonary affection. The average duration of the disease is about six months. The etiology is obscure, heredity being a possible element. The diagnosis is often difficult, especially in primary carcinoma, tuberculous peritonitis being most often confounded with it. Pain, absence of fever and of evidences of tubercle in other organs, and extensive ascites point rather to carcinoma. Paracentesis should be resorted to in case of doubt. The treatment is simply palliative.—*N. Y. Med. Jour.*, April 4th.

Trichinosis.—Dr. C. F. Damall, of Walnut, Iowa, writes that he was called to see a German woman, supposed to be suffering from chronic rheumatism. She was in a typhoid condition—morning temperature, 102.5°, evening, 105°; pulse, 140; respiration, 36 to 40. There was puffiness of the face, dysphagia, dyspnœa, hoarseness, flabbiness of the muscles, pain on voluntary motion, and excessive and constant perspiration. The tongue looked like a piece of raw beef; the spleen was enlarged and painful; there was obstinate constipation, some tympanites, but no other signs of gastro-enteric irritation. The patient suffered from constant thirst, there was no appetite, and scarcely any sleep could be obtained. A diagnosis of trichinosis was made, and was confirmed after the patient's death, which occurred four days later. The woman had eaten no raw pork since coming to this country, in November, but had done so before leaving Schleswig-Holstein, in October. Immediately after eating the pork at this time she was taken with vomiting and diarrhœa, and was sick for about a week. After that pains were felt in the flexor muscles, and in the back and neck, but only when attempts at voluntary movements of the limbs were made.—*N. Y. Med. Record*, April 4th.

Laparotomy in Acute Peritonitis.—At a recent meeting of the Royal Medical and Chirurgical Society, Mr. Treves reported the case of a woman, twenty-one years of age, in which the belly was successfully opened and freely irrigated with water, and a drainage tube inserted, on account of diffused peritonitis, the result of the bursting of a pelvic abscess. Mr. Marsh also read the notes of a case of a medical student, nineteen years of age, suffering from critical symptoms of sudden and acute peritoneal inflammation, in which incision gave vent to about two pints of fetid pus. The abdomen was thoroughly washed out with a 1 to 60 solution of carbolic acid, and a drainage tube introduced. Under subsequent injections of a solution of iodine, 1 to 1,000, the patient recovered.

In the discussion which followed the reading of Treves' paper, Bryant, Thornton, Powell, Barwell, Goodhart, and Meredith were in perfect accord in commending the practice carried out in the two cases noted. The conviction, indeed, appears to be gaining ground that, in view of the great fatality of acute diffused peritonitis, and the futility of ordinary modes of treatment, laparotomy should be resorted to, thereby placing effusions into the peritoneal cavity on the same footing as pleural effusions. Its success in cases of peritonitis complicated by the presence of an ovarian tumor has long been established; and Mr. Lawson Tait states, in the *Brit. Med. Jour.* for March 21st, that he has opened the abdomen in not less than forty-four cases on account of peritonitis, and that forty-one recovered.

In support of the wisdom of the practice, we may refer to a successful laparotomy, reported by Mikulicz, at the *Versammlung der Deutscher Naturförscher und Aerzte in*

Magdeburg, September, 1884, for suppurative peritonitis, the result of a perforating typhoid ulcer. Krönlein, too, has resorted to it for peritonitis due to perforation of the vermiform appendix, but with what result we are not informed. Indeed, we believe that we express the opinion of all thoughtful surgeons when we say that the operation is indicated in all cases of suppurative peritonitis from whatever cause it may arise, as well as in examples of ordinary acute peritonitis, the result of perforating lesions of the stomach and intestines.—*British Med. Jour.*, March 14th.

Nervous Colic.—Dr. Shershevski reports (*Lyon méd.*) a number of cases of colic which seemed to be due to a neurasthenia localized in the nervous sphere of the intestinal canal. They were all in intelligent individuals whose work was chiefly with the head. These persons suffer habitually from constipation, with abdominal distension and burning eructations, but without loss of appetite. From time to time, under the influence of prolonged intellectual work, or of mental emotions, an aggravation of this condition occurs, with the following symptoms: Excessive meteorism with or without a discharge of gas from the bowel, superficial panting respiration, cyanosis, pains in the neighborhood of the liver, or in the umbilical region, or shifting, or feeling of weight in the lower part of the abdomen, and severe tenesmus. The attacks subside after some days with the occurrence of copious evacuations. Shortly before their onset the fæces become flattened, as if there were an intestinal stricture. The author attributes these symptoms to a lesion of the nervous system producing an intestinal spasm located in the circular fibres of the muscular coat. This theory of the etiology would seem to Dr. Shershevski to be demonstrated by the action of the remedies employed. For, while purgatives increase the pain and constipation, opium and belladonna reduce the meteorism and cure the attacks.—*N. Y. Med. Record*, April 25th.

Value of "the Diagonal Line" in the Diagnosis of Distension of the Gall-Bladder. — John W. Taylor, F. R. C. S., Birmingham and Midland Hospital for Women, says: In an article on cholecystotomy in the *British Medical Journal* of January 31, 1885, I wrote as follows: "An important aid to diagnosis will, I think, be found in recognition of the diagonal line in the direction of which the gall-bladder enlarges. This is to be traced from the normal position of the larger end of the gall-bladder (near the tip of the cartilage of the tenth rib on the right side) to the opposite side of the abdomen, crossing the middle line slightly below the umbilicus."

Since writing the above, I have had some additional opportunities for testing the value of this aid to diagnosis. On February 15, 1885, I was asked to see a case of abdominal tumor by my friend Dr. Drury. There was no jaundice, and but little clinical history to be obtained in the limited time at my disposal. Finding, however, a well defined, hard, but rather resilient tumor, the longer axis of which exactly corresponded to the diagonal line described, I had no hesitation in diagnosing the case to be one of distension of the gall-bladder.

This opinion (in which Dr. Drury concurred) was considered erroneous by another surgeon of large experience, who saw the case subsequently; and, as the chief reason for my opiniou was the sign which is the subject of my communication, the case became of some special importance to me as a test.

On March 26th Mr. Tait operated. The tumor proved to be a distended gall-bladder; and a large number of calculi were removed from it, two of these being of enormous size.

I should like to again draw the attention of the profession to this diagnostic line, as I believe it to be trustworthy and useful.—*British. Med. Jour.*, April 11th.

Enteritis and Gastritis Successfully Treated with Ergot.—Dr. Alexander R. Becker reports a case of gouty enteritis and gastritis cured with Squibbs' ergot.

The patient for long time gouty, was suffering from a chronic enteritis which had resisted all treatment, and never left him except during attacks of gout in one or both feet. He had eight or nine evacuations daily, with almost constant pain, and suffered intolerable annoyance from flatulence. He had mitral disease and dilatation of the heart, and had suffered, though not recently, from asthma. Thinking there was probably some arterial debility, he was put upon ℥. xxx of fluid extract of ergot, three times a day, and in a week his bowels were almost well. A week or ten days later he had an attack of gout in the left

foot lasting three weeks. Since then the gouty tendency has been kept down by potassium carbonate (gr. v) in a glass of claret and water with his lunch and dinner, and he has been more comfortable than for two years. The same patient was relieved of an attack of acute gastritis a little later, with the same doses of ergot, and within forty-eight hours of the commencement of the treatment.—*Boston Med. and Surg. Jour.*, March 5th.

Epulis.—Dr. Walter B. Chase related (Brooklyn Path. Soc.) the history of the case of a lady, about twenty years old, who presented herself in the winter of 1882, with a growth about as large as a small pea, springing from the lower jaw between the middle and the lateral incisor teeth on the left side. The growth was painless, but somewhat tender on pressure. It was removed with scissors, and the parts healed kindly. In November, 1884, it had returned, and was about as large as a small hickory-nut, but flattened, and rested between the teeth and the lip, where it was a source of considerable annoyance. The speaker again removed it, with a portion of the gum immediately contiguous, and cauterized the parts with chromic acid. Four weeks afterward he could find no sign of its return.—*N. Y. Med. Jour.*, April 18th.

Saturnine Constipation.—A remarkable case of constipation, consequent upon saturnine intoxication, was shown the class by Prof. DaCosta, in which the physicians in charge had prescribed, without any relief, castor oil, magnesia, and five doses of podophyllin of gr. ¼ each. Following a plan suggested by Trousseau, he was placed upon :

℞ Magnes. sulph.. . . . ℥j.
Acid. sulph. dil. . . . gtt ij.–iij. M.
Sig.—To be frequently repeated.

Only a few doses were given, and the patient was relieved of the most copious and profuse discharges.—*Col. and Clin. Record*, April 1st.

Rectal Injection.—When the stomach is irritable, so that medicines cannot be retained, and if it should be necessary to purge the patient, Prof. Gross recommends the following injection, should there also be much tympany : Oil of turpentine, ℥ ss. rubbed up with the yolk of one egg, then add castor oil, ℥ jss., warm water O j. To be used as an injection.—*Col. and Clin. Record*, April 1st.

Strangulated Hemorrhoids—Forcible Stretching of Sphincter. — Dr. Monad also advises the above-named treatment for strangulated hemorrhoids, which he has followed with great success. It consists in forcibly dilating the anus, as in cases of anal fissure. As soon as the sphincter is paralyzed by this method, the strangulation is removed, the pain ceases, and in a few days the hemorrhoids disappear.—*London Med. Press.*

Fermentative Dyspepsia. — Fenwick's prescription for fermentative dyspepsia is as follows :

℞ Acidi carbol. (cryst.) . . . . ℥ j.
Glycerinæ . . . . . ℥ iv.
Sig.—Dose : five to ten minims in mint water.

—*Brit. Med. Journal.*

Hepatic Colic.—In a case of hepatic colic with a tendency to the formation of biliary calculi, Prof. Bartholow prescribed :

℞ Sodii cholat. . . . . gr. xxx.–xl.
Extract. nucis vomicæ . gr. ijss.
M.—Fiant pil. x. Sig.—One pill ter in die.

The cholate of sodium will help to keep the bile in a soluble condition.—*Med. Bulletin*, April.

Easy Method of Cure for Salivary Fistula.—Alfred Hodgson, M. B. Aber., writes : The following method does not appear to be mentioned in any of the usual text-books of surgery :—

J. K——, a fish salesman, came to me about the New Year with a fistula of the parotid duct resulting from a former knife-wound. The flow of saliva was continuous, but was much aggravated at meals, and when opening oysters in the course of his business. Applications of nitrate of silver, pure nitric acid, and a hot wire were tried without success, as all communication with the mouth seemed shut off. On Jan. 20th two needles threaded on one fairly strong piece of silk were successively passed through the fistula into the mouth on a rather lower level than the external fistulous orifice, piercing the buccal mucous membrane about a quarter of an inch apart. The needles were then removed, and the threads firmly tied and cut off short, thus leaving a ligature enclosing part of the internal wall of the duct, a portion of mucous membrane, and the intervening structures, but in no way preventing the healing of the external wound, as would be done by the seton usually recommended.

The edges of the fistula were touched with pure nitric acid on Jan. 22d, and some swelling of the side of the face ensued. On Jan. 25th a scab had formed outside, and nearly all the saliva found its way into the mouth. This scab came off a few days later, leaving the skin soundly healed, and the ligature inside cut its way through the mucous membrane on Feb. 11th, since which time the man has experienced nothing differing from the normal condition.—*London Lancet*, April 11th.

Hazeline in Hemorrhage from the Bowel.—Mr. R. Halpin narrates the following case, illustrating the value of hamamelis virginica in the treatment of hemorrhage. A man, aged fourty-four, had been the subject for eight years of bleeding from the rectum. The hemorrhage was periodic, coming on in alternate months, lasting four weeks at a time. The blood was passed in the morning, immediately after the bowels had been relieved, and amounted to about two ounces. On examination he was found free from piles, fistulæ, etc. In Nov., 1884, he was admitted into the Royal Hospital for Thoracic Disease, and was found to have tried nearly every drug in the *Pharmacopœia*, but the hemorrhage still continued. The author decided to try hazeline, and accordingly injected an ounce diluted with a small quantity of water into his rectum, giving at the same time half a drachm by mouth every three hours. The bleeding was at once arrested, and, although the patient remained for some weeks under observation, there was no return of the hemorrhage.—*London Med. Record*, April.

What a Tape-Worm Can Do.—Dr. B. O. Baker, of Kona, Hawaii, S. I., writes: "Mrs. W——, aged fifty-six, complained of pain that moved about in every part of the abdomen—in short, all the symptoms of a hypochondriac with amnesia and amaurosis. As a placebo, I painted the most painful part with a solution of menthol, ʒ j., Squibbs' chloroform, ʒ iij. In a very short time after this a sensation, said to be 'like the first motions of a child,' was felt just above the bladder, and in the course of a few hours five inches of tape-worm passed away. The patient had been before many doctors in different parts of the world, but had not the slightest idea of tape-worm. Treatment: Chloroform (Squibbs') ʒ i., honey ʒ j. Teaspoonful every other hour (no fasting); then four compound cathartic pills. Result: The worm came away; the pains are all gone; the memory has returned, and sight fast improving."—*N. Y. Med. Record*, April 25th.

URO-GENITAL.

Congenital Dermoid Tumor of the Testicle.—Messrs. Cornil and Berger read before the Académie de Médecine, Paris, a paper on a case of scrotal inclusion. Verneuil has shown that dermoid tumors of the scrotum and testicle are teratological products, and only accidentally connected with the male sexual gland. Yet, in previous cases, the testis had never been saved when removal of the tumor was attempted. M. Berger was consulted, in July, 1884, by a boy, aged eleven, who was suffering from a large tumor on the right side of the scrotum, to which it was not adherent. It was oval, fluctuating, opaque, and perfectly indolent. The testicle could not be distinguished on palpation. The tumor had been first noticed when the child was suckling; it had grown slowly, and had once been punctured, without result. M. Berger made a fresh exploratory puncture, and a little sebaceous matter, mixed with fine hairs, was removed. At the operation, the tumor was found to be situated in the tunica vaginalis. The testicle formed its upper part, and was quite separate from the cyst-wall, which was connected with the mediastinum by a vascular pedicle. The wall of the cyst was detached from the tunica albuginea, the pedicle divided, and its vessels ligatured, and the scrotal wound closed. Six months after the operation, the right testicle appeared normal, and was perfectly movable under the scrotum. The cyst contained a quantity of sebaceous matter and hairs, also a pedunculated growth about an inch long, covered with true skin, which bore papillæ, hairs, sebaceous glands, and a few sudoriparous glands. The interior of the growth contained connective tissue, fat, nerve-cells, and ganglia, and a cyst bearing stratified columnar epithelium, resembling the intestinal mucous membrane.—*Brit. Med. Jour.*, April 4th.

Electrolytic Treatment of Strictures.—Dr. Robert Newman gives the following rules for the treatment of urethral strictures by electrolysis. Use the faradic current only for spasmodic strictures, the

galvanic current for organic. Six to ten Bunsen cells give a sufficiently strong current. A bougie electrode should be selected three numbers (French) larger than the stricture ; this should not be lubricated with any non-conducting substance. The bougie is to be attached to the negative pole of the battery and a sponge electrode to the positive. The sponge being applied to any part of the body, the bougie is to be introduced and held tight against the stricture. The current is then passed, and increased slowly till the patient experiences a warm sensation. In general, the bougie soon passes through the stricture. The current should be reduced cell by cell to zero before the withdrawal of the bougie. The sitting may last from five to twenty minutes. Only one bougie should be used at each sitting.

Dr. Newman has tabulated one hundred cases where he has used the electrolytic treatment. He excludes all cases that have been under observation less than three years. Most of these he has re-examined himself, or has had reports of them from other physicians, and in nearly every case the cure has been permanent. He follows no arbitrary rule to determine the normal size of each urethra, but ascertains it "by the patients' feelings and by the size and force of the stream of urine."—*Md. Med. Jour.*

The Bright-Tin Test for Sugar.—Dr. Wm. McCollum, of Brooklyn, N. Y., writes us in reference to the test for sugar described in *The Record* of March 7th, which consists in heating a drop or two of the suspected urine on a bit of bright tin. Our correspondent says: "The bright-tin test which I have used for twenty-five years is not a crude test, but a nice one under a practised eye, and one so easily and quickly made. I call attention to the communication to correct an important error in the statement that 'if no sugar be present, it will be as distinctly shown by the characteristic odor of urine and by a bright, smooth, varnish appearance on the tin'; if he had added the words, of a golden color, he would have well stated what is shown when sugar is present in small amount. Any one can verify this statement by treating urine in this manner, containing no sugar, then add a grain or two of sugar to an ounce of urine and repeat the test. The characteristic odor of burnt molasses will only be noticed when considerable sugar is present. The evidence that sugar is present is apparent before the heat has carbonized the sugar. The bright gold-colored varnish upon the tin, noticed before an intense heat has burned the surface brown, is what should be especially noticed as evidence that sugar is present."—*N. Y. Med. Record*, April 25th.

Collecting Urine.—Dr. Uhler recommends the following method for collecting specimens of urine for examination. Place three carefully cleaned receptacles in a row and require the patient to void about one-third of the contents of the bladder into the first, then passing quickly to the second to void nearly all the rest in that, but reserving the dregs or last half ounce for the third. The first will contain the contents of the urethra or outer part of the vagina, so that if there be pus or blood in these external parts it will be found in considerable quantity only in this first portion of the urine that is passed. The second will contain the average contents of the bladder; while the third will consist more largely of sediment. By examination with the microscope we are able to diagnose by exclusion where pus or blood comes from and treat the patient intelligently. Dr. Uhler thinks this method should be adopted as a part of routine by the life insurance examiner.—*Md. Med. Jour.*

Acute Nephritis.—Aufrecht strongly advises (*Berlin. klin. Woch.*) abstinence from the use of all stimulating diaphoretics, or diuretics which irritate the tissues, in treating acute parenchymatous nephritis. He lays much stress on the advisability of keeping the patent in bed until the albumen disappears from the urine, and of giving as little nitrogenous food as possible, so that the kidneys may have little to excrete. At the same time he gives large quantities of liquids. For the first ten days or so he gives water, effervescing water, gruel, bread and butter, and farinaceous food. He begins to give milk or beef tea only at the end of the second week.—*London Practitioner*, March.

Alkaline Urine Changed to Acid by Inhalation of Nitrite of Amyl.—Experimenting as to the influence of the inhalation of nitrite of amyl on the reaction of the urine, Messrs. Giuseppe and

Sansoni, of Turin, have recently discovered that the acidity of the urine is rapidly and considerably increased by the inhalation of a few drops of nitrite of amyl. Uric acid is passed in large quantities, and forms a deposit in the vessel. A patient suffering from transverse myelitis, and whose urine was alkaline and rich in phosphates, was made to inhale nitrite of amyl every two hours for some time. The urine became acid, and the quantity of phosphates diminished.—*British Med. Jour.*, April 11th.

Incontinence of Urine.—Clarence G. Hollister, M.D., Union City, Pa., reports the following case: Patient, aged twenty, male, had been suffering with that most unpleasant condition, "nocturnal incontinence of urine," for many years—in fact, as long as he could remember,—making it impossible to leave home or accept any position which took him from home overnight; was becoming morose and melancholy; general weak, flabby condition of muscles, and of system in general. Had resisted all sorts of treatment, as patient's parents and himself stated. Placed him upon the following prescription, with immediate relief; and with the relief of the "incontinence" came relief of mind, and it was ample compensation for me to observe the young man brighten up, and suddenly see the bright side of life, and find that living was a pleasant thing; in fact, he rapidly developed into an active young man, accepted a position of trust, and bids fair to be a useful citizen and smart business man. The prescription consisted of the following:

℞ Tr. ferri chlor.,
Tr. nucis vomicæ . . . . āā ʒ ss.
Tr. cantharides . . . . . ʒ vj.
Syr. simp. . . . . ʒ ij.
Aquæ . . . . . ad. q. s. ʒ vj. M.

SIG.—One teaspoonful three or four times a day.

It is now over a year since he came under my observation, and I am happy to state that the trouble has never returned. He took the above remedies about three months steadily.—*Med. and Surg. Rep.*, April 25th.

Treatment of Varicocele by Excision of a Fold of the Scrotum.—At a recent meeting of the Académie de Médecine Horteloup recommended a plan of operation which he has practised for several years with success. He pushes the testicles upwards, and seizes with a long pair of forceps a fold of scrotom containing the plexus of the spermatic veins. Deep sutures are passed immediately in front of the forceps and fixed by leaden tubes; a row of superficial sutures is then placed a little nearer the edge of the fold, which is afterwards excised. The superficial sutures are tied, and an antiseptic dressing is applied to the wound. M. Horteloup has performed this operation in eighteen cases without any serious accident, and expresses himself much pleased with the ultimate results.—*London Med. Record*, April.

Excision of Stricture of Urethra.—Hurry Fenwick, Assistant Surgeon to the London Hospital, writes: There is a most instructive article in the *Journal* of March 7th by Mr. Mayo Robson, of Leeds, on a case of traumatic stricture of the urethra, which he had successfully treated by excision of the strictured portion. At the first glance, it gives one the impression of being an original procedure; and perhaps one is all the more ready to receive and retain it as such, seeing that resection of stricture is not usually taught in our schools, nor mentioned in our ordinary text-books. It would not be out of place to point out that the operation was first performed by Krimer, of Aix-la-Chapelle, in 1828; and that his initiative has been followed by Dugas, Lannelongue, Boucquet, Roser, and Dittel, the latter proposing a slight modification.

Two cases were done to my own knowledge by my friend Professor Thiersch, of Leipsic, in 1884; and two more were published by Heusner, of the Barmen Hospital, in the same year.—*London Lancet*, April 18th.

Spermatorrhœa.—In spermatorrhœa, of the pathological type, Prof. Bartholow gave, at the clinic:

℞ Extract. ergotæ fluid.,
Extract. pilocarpi. fluid . āā ♏ xv. M.

SIG.—Bis in die—morning and night.

Also:

℞ Auri et sodii chloridi . . . gr. $\frac{1}{10}$
Extract. nucis vomicæ . . . gr. $\frac{1}{2}$. M.

SIG.—In pill, ter in die.

Excellent results might also be obtained by passing an interrupted galvanic current through an insulated electrode placed in the urethra, the exposed part being in the prostatic urethra, the other electrode to be placed upon the perineum.—*Col. and Clin. Record*, April 1st.

Glycerinum Acidi Carbolici in Diabetes Mellitus.—J. McAvoy, M. D., Rathfriland, gives the following: A patient of mine suffering from diabetes mellitus in which the thirst was very excessive, I tried every known remedy to alleviate it without effect. I ordered glycerinum acidi carbolici in five-minim doses, and it relieved the patient at once. At present he is in good health, the urine being almost free from sugar.—*London Lancet*, April 18th.

Eczema of the Genitals.—

℞ Potassii chloratis . . . 1.50 gm.;
Vini opii . . . . . 2.50 gm.;
Aquæ puræ . . . . . 1 litre. M.

Apply on a compress. To be preceded by a warm sitz-bath or by mild cataplasms if there is a certain degree of attendant inflammation.—(*La France méd.*)—*Phila. Med. Times*, April 18th.

Application in Orchitis.—The following formula is highly endorsed as a local application in orchitis:

℞ Iodoformi . . . . . 3 j.
Thymol . . . . . gr. iv.
Vaseline . . . . . ℥ j.

M.—To be applied greased on linen.

—*Med. World*, April.

VENEREAL.

Prognosis of Syphilis from the Characters of the Initial Lesion.—M. Besnier, according to the *Journal de médecine et chirurgie pratiques*, has just published certain prognostic signs of syphilis which may be derived from a study of the characters of the chancre. If the chancre be small, benign in its manifestations, and accompanied by a moderate involvement of the glands, a mild syphilis may be predicted; it shows that the disease has met an unfavorable soil in the subject. But if, on the contrary, the chancre thrive well, last a long time, and be accompanied by marked glandular disease, and if above all, the chancre be phagedenic, the prognosis is very grave, because these various manifestations make it probable that the soil is favorable to the development of the disease.—*New Orleans Med. and Surg. Jour.*

Syphilis a Cause of Depopulation.—The discussion on the depopulation of France still goes on. Prof. Fournier, of the St. Louis Hospital, the successor of Ricord, has had his say in regard to the influence of syphilis on the decrease of population. He gives the statistics of two hundred cases observed by him in which the husband was syphilitic. There had been four hundred and three confinements, which gave two hundred and eighty-eight living children and one hundred and fifteen dead at birth. This represents a proportion of twenty-eight per cent. of deaths. Not only did the children die, but there was a largely increased number of abortions. He spoke of one case that he knew of, where the husband acquired syphilis and afterward the wife became pregnant seven times. Three of these times terminated with loss of the child by abortion, and the other four were born dead. He gave other facts to prove that the mortality was as much as seventy-seven per cent. in children born of syphilitic parents. Having said so much, he hoped that the prophylaxis of this trouble would engage the attention of the hygienists, and that the municipal council would take it in hand. As physicians, they had much to do also in insisting with the patients that a very long treatment was needed to eradicate the disease, not merely for months, but for *several years*. Young married people should be told the danger that existed to the wife and children, and such marriages should be delayed at least three or four years. This is very important, as the doctor will be blamed for the accidents that will arise in cases where he gives his consent too soon.—(*Paris Letter*)—*Phila. Med. Times*, April 18th.

Mucous Patches—Hydrg. Nitrate.—For mucous patches Prof. Gross uses:

℞ Hydrargyri nitratis . . . . 3 j.
Aquæ . . . . . f 3 iss. M.

SIG.—Apply with brush, once daily.

—*Col. and Clin. Record*, April 1st.

Administration of Iodide of Potassium in Milk.—Prof. E. L. Keyes, Bellevue Hospital Coll., in an article upon mooted points in Syphilography, says:

I wish to add a word in favor of milk as a most suitable vehicle in which to administer the iodide of potassium, notably in cases in which large quantities of the drug have to be used.

Several years ago a patient first called my attention to the fact that he could take his dose of iodide of potassium in milk without minding the taste, which otherwise was very offensive to him.

I adopted the suggestion at once, and found it of great service in many cases. Ten grains or more of the iodide in a gill of milk (cold) makes a very palatable drink, and imparts only a mild, metallic taste to the fluid, which most patients find not at all disagreeable. I have used this method in a routine way with the happiest result in several instances in those desperate cases in which some portion of the nervous system gives out, food is unpalatable, or cannot be taken, and the indication is, disregarding all else, to push the iodide rapidly to the point of tolerance. In such a case no time can be lost, and a fixed routine system, which shall accomplish all the needs of nourishment, as well as medication, is a very valuable factor in the treatment.—*Phila. Med. News*, April 25th.

Chocolate as a Medium for Administering the Bromide and Iodide of Potassium. — The repugnance with which patients, who for a long time have been under treatment with iodide or bromide of potassium, regard the drugs, and the gastric symptoms so frequently produced by them, have led M. Poisson (*Jour. de méd. de Paris*) to introduce them into chocolate. The preparations are in the form of pastilles, each containing four grains of one or the other salt. The disagreeable taste of the drugs and their injurious effect upon the gastric mucous membrane are entirely obviated, and they are thus acceptable to the most delicate stomach.—*Phila. Med. News*, April 11th.

Small Doses of Mercury Early in Secondary Syphilis.—Mr. Armand Bernard says that the early use of small doses of mercury in secondary syphilis has been his plan of treatment for several years. It is commenced prior to the appearance of constitutional manifestations ; and he finds that the induration accompanying the initial lesion is often favorably influenced by early constitutional treatment. The preparation he prefers is hydrarg. c. creta, in two-grain doses night and morning, combined with two grains of Dover's powder. Cleanliness of the mouth and teeth should be insisted on, as by so doing salivation can often be prevented.—*London Med. Press.*

Tertiary Syphilis.—Before the Liverpool Medical Institution Dr. Alexander showed a necrosed vomer and sphenoid removed from a woman, æt. thirty, who was taken to the Northern Hospital with a body sticking in the pharynx, and said to have fallen down from the skull. There was no obstruction of air passage. The bone, as it proved to be, was easily removed by the finger. There was a history of syphilis, and she had suffered from sore throat for seven years.—*Med. and Surg. Rep.*, April 25th.

Chancre of the Eyelids in Infants.—At the recent meeting of the French Ophthalmological Society (*Revue méd.*) M. Beaudry, of Lille, related a number of cases of indurated chancre of the eyelids in infants, caused by infection from the mother's saliva. Mothers were in the habit of moistening the crusts forming on the free borders of the lids with saliva, under the impression that this secretion was effectual in removing the morbid condition.—*N. Y. Med. Record*, April 11th.

Syphilis and Circumcision.—Three cases are recorded in *Annales de derm. et de syph.* where syphilis was communicated to new-born children by the assistant who sucked the wound in the rite of circumcision. The operator was healthy but the assistant had mucous patches in his mouth. The parents were in all cases healthy, but the mothers subsequently became infected in the breast from suckling the offspring.—*Boston Med. and Surg. Jour.*, April 16th.

Gonorrhœal Vaginitis — Galvano-Cautery.—Dr. Martineau, of the Lourcine Hospital for Women, has recently been making use of the thermo-cautery and galvano-cautery in his treatment of venereal diseases. For ordinary inflammations of the vagina, gonorrhœal mostly (what they call here *vaginite*), he uses the galvano-cautery over the whole surface with excellent effects. In suppurating buboes also he applies the thermo-cautery. This forms an ulcer that heals afterwards very rapidly. (Paris Letter)—*Phila. Med. Times*, April 18th.

Gonorrhœa—Jacaranda Lancifoliata.—Mr. Z. Mennell writes that he has used a preparation of jacaranda lancifoliata with great success in fourteen cases of gonorrhœa. It succeeded in stopping the discharge without any complication, in, at the most, three weeks. In no case was it used, except where a discharge had persisted over four months. An injection of the strength of ten minims to the ounce was

used ; and in a case of long-standing gleet, a mixture of the drug was given as well, of the strength of fifteen mimims as a dose, and the patient was quite well in three weeks.—*London Med. Record*, April.

Gonorrhœa—Prof. Gross' Treatment.—In the early treatment of gonorrhœa, Prof. Gross condemns the use of injections. His plan is as follows : If possible, put the patient to bed ; give him at the outset a purge, by administering Epsom and Rochelle salts, each ʒ ij., in lemon syrup. Allow no meat or any stimulating articles of diet, etc. Malt liquors do more harm than alcoholic, so interdict both. No tea or coffee, but give him milk, eggs, and some oysters, etc. Three times daily he is to hold the penis in a cup of *hot water—quite hot.* Keep the organ there for five minutes at a time, then wipe it gently each time.

The internal treatment will be by the "antimonial and saline mixture" :

℞ Antimonii et potassii tartrat. . gr. $\frac{1}{10}$
Magnesii sulphatis . . . . ℈ ij.
Morphinæ sulphatis . . . . gr. $\frac{1}{16}$
Tinct. aconiti radicis . . . . gtt. j.
Liquor. potassii citrat. . . . f ʒ ss.
Olei limonis . . . . . gtt. ss.
Mixir. simplicis . . . . . f ʒ ss. M.

SIG.—Ter in die.

By this treatment the urine will be rendered bland and unirritating. Should the urine persist in "scalding," then add to the above prescription gtt. x. tinct. cannabis indicæ. To prevent or cure chordee, order at night a suppository of :

℞ Extract. opii,
Camphoræ . . . . . āā gr. iij.

In the course of four or five days the discharge from the urethra will look more like laudable pus ; then order an injection :

℞ Hydrargyri chloridi corrosivi . gr. ij.
Aquæ destillat. . . . . ℥ j.

SIG.—With a syringe that holds an ounce, inject into the urethra—having first "flushed" the canal several times by voiding urine—and retain the fluid for five minutes.

Internally, a useful combination is that used at the out-door department at the hospital, and consisting of :

℞ Cubebæ . . . . . ℈ ij.
Alum. pulv. . . . . ʒ j. M.

SIG.—Of this take a heaping teaspoonful in a tumbler of water ter in die ; the dose to be increased.

Should the discharge per urethram still persist, use an injection of :

℞ Liquor. plumbi subacetatis . . f ʒ j.
Aquæ . . . . . f ℥ x. M.

Or :

℞ Plumbi acetatis . . . . . gr. ij.
Zinci sulphat. . . . . gr. iij.
Aquæ . . . . . f ℥ j. M.

Or :

℞ Acidi tannici . . . . . gr. ij.
Aquæ . . . . . f ℥ j. M.

—*Col. and Clin. Record*, Apr. 1st.

Sodii Sulphis for Gonorrhœa and Gleet. — Sulphite of sodium, one-half drachm to the ounce of water, forms an excellent injection for gonorrhœa and gleet.—*Med. World*, April.

OPHTHALMIC.

Headache, Spinal Irritation and Sympathetic Nervous Affections Due to Eye Strain.—In a lecture, Edwin W. Hill, M.D., Cleveland, Ohio, said : I wish to draw your attention to one of the most important questions that comes before you in your daily rounds of practice, namely, the connection between the eyes and the nervous system.

At the first glance it seems absurd to think that the eyes have any thing to do with the nerves, yet the more you think upon the subject the more important it becomes. The class of nervous diseases to which I wish to draw your attention are denominated functional ; I like to call them sympathetic ; they include headache, neuralgia, insomnia, epilepsy, spinal irritation, St. Vitus' dance, nausea, vertigo, and a general failure of health both mental and physical.

They are called functional because the irritation is of a transitory nature and due to a disturbance of the circulation of the blood in the affected parts. Physiologists tell us that the circulation of the blood is controlled by the sympathetic nervous system. Please note these facts for they are important :

1st. Headaches, epilepsy, insomnia, etc., are functional troubles, due to disturbances of the circulation.

2d. The circulation is controlled by the sympathetic nervous system.

3d. The eye in all its movements is controlled by the sympathetic, as when the sympathetic is divided in the middle of the neck the effect is almost instantaneous upon the eye, the pupil dilates, etc.

Knowing the effect of division of the nerves in the neck upon the eye, is it not

reasonable to say that irritation in the eye will affect the sympathetic in the neck. We know from the successful treatment of some hundreds of cases that it is a clinical fact. The chief causes of eye-strain are astigmatism, hyperopia (far sight), and defective coördination, where there is a difference in the visual power of the eyes as well as errors of accommodation. If you wish to realize the strain of accommodation and coördination, hold this within three or four inches of your nose and read for five minutes, when you will fully realize the nerve strain by the pain and perhaps nausea so induced. The pain will not be in the eye itself ordinarily. A remarkable fact, as given by writers upon eye-strain, is, in the words of Dr. Mitchell, that while there may be no pain or sense of fatigue in the eye the strain is interpreted solely by the occipital or frontal headache. Some of the worst cases that I have treated and achieved the desired result, relief from pain and suffering, have been cases in which there was not the least sense of pain or fatigue in the eye.

The successful treatment of this class of nervous affections with the prism and cylindrical glasses requires a great deal of special study and clinical experience. It is equally true that the general practitioner is able to make a diagnosis of eye-strain after his attention has been brought to the subject. (I shall be glad to send tests for astigmatism and defective vision to any one, free.) It is unfortunate that the books published upon the eye contain so little upon this very important topic. Under the head of muscular asthenopia is about all that is said.—*Cin. Lancet and Clinic*, April 4th.

Evisceration Instead of Enucleation.—Prof. Alfred Graefe, of Halle, has recently advocated in lieu of enucleation the removal of the cornea and ciliary region with evisceration of the contents of the scleral cup. He says that in two cases of fatal meningitis following enucleation he could find no disease of the optic nerve; but the pia mater was infiltrated around the optic foramen. He therefore assumed that the inflammatory process had been propagated by way of the intravaginal space.

The advantages claimed for the procedure are as follows: (1) There is no wounding of any tissue serving to connect the orbit with the cranium, and especially of the lymph-sheath of the optic nerve, a ready avenue, it is claimed, for the extension of inflammation from the surgeon's cut to the cerebral meninges. (2) The stump obtained is far superior to that of the enucleated eye, since it will afford the artificial eye which is to be placed upon it a better socket and a greater extent of motion.

Another count in favor of evisceration is that it takes away bodily the ciliary region, which is claimed to be the starting-point of sympathetic inflammation.

A similar operation has been performed by Dr. Mules, and described by him before the Ophthalmological Society of the United Kingdom.

Dr. Mules removes the anterior portion of the eye, and thoroughly empties the contents of the globe, leaving only the sclera. Into the cup thus formed he fits a small glass globe, and with a fine suture brings the edges of the wound together, by which means the globe is inclosed in the sclera. The operation must be done under strict antiseptic precautions, since if much inflammatory reaction should follow, the globe would have to be removed.

The operation as described by Prof. Graefe is not new. It has been often performed in cases of panophthalmitis for the purpose of relieving tension and hastening the stage of repair, but its introduction as a substitute for enucleation in forestalling sympathetic inflammation, etc., is of recent date.—*Louv. Med. News*, April 11th.

Conjunctival Hemorrhage.—It is pointed out by Dr. Emilio Alvarado (*El Correo Medico Castellano*) that among the causes of hemorrhage from the ocular conjunctiva (an occurrence not in itself at all common) should be reckoned the development of small pedunculated polypoid growths, histologically of the ordinary myxomatous variety. Dr. Alvarado instances a case of this kind, in which there was no obvious cause for the hemorrhage, nor was there any abnormality discernible until the eyelid was turned up, disclosing one of the growths of the size of a pea, which was adherent to the conjunctiva of the upper lid. The patient was a young woman, aged 19, and the hemorrhage, which is described as "sufficiently abundant," occurred frequently, and especially after exercise, for nine months before she sought advice. The tumor was snipped

off, the hemorrhage was checked by pressure and the application of sulphate of copper, and it did not return. Dr. Alvarado also refers to other similar cases recorded by Dr. de Wecker and Dr. Fabre.—*London Med. Record*, April.

Early Atropinization in Convergent Strabismus. — M. Boucheron (*Archives d'ophth*) observes that prolonged atropinization of both eyes seems to be strongly approved of generally, since it hinders excessive efforts of accommodation in those who are long-sighted and those who are subject to astigmatism when they first begin to look at and closely inspect near objects. But he observes it is only applicable when the strabismus is intermittent. It aids, he thinks, the employment of correcting glasses and orthophthalmic exercises, and it prevents amblyopia from taking place in the deviating eye.—*London Pract.*, April.

Ophthalmic Antiseptic Solution.— In a recent discussion at the Paris *Académie de médecine* (*Union Méd.*) M. Panas stated that, in a large practice in ophthalmic surgery, he had never had any cases of erysipelas after the use of the following mixture :

Bichloride of mercury, Chloride of ammonium,	each	5 grains
Glycerine		3 drachms
Water		3 quarts.

The parts are washed with the solution, and after the operation a piece of linen dipped in the fluid is applied to the affected eye.—*N. Y. Med. Jour.*, April 18th.

Echinococcus of the Orbit.—Dr. A. J. Pëünof, of Valdikavkaz, details (*Proceedings of the Caucasian Medical Society*, No. 12, 1884) a case of an Osetin, aged 42, in whom an orbital tumor began to grow about two years previously. Three months before his admission, he became absolutely blind in the right eye, and suffered much from pain in the eye and head. The tumor was bluish, hard but elastic, and occupied the whole inner side of the orbit, pushing the eyeball outwards, and fixing it in this situation. There were found opacity of the vitreous body, gray reflex of the ocular fundus, and posterior synechiæ. A sarcomatous growth was diagnosed, and its removal decided upon. The operation, however, brought to light an echinococcus cyst inclosed in a fibrous capsule. Its removal did not present any difficulty. Pain disappeared, and the patient recovered after the operation. When met several months later, the patient stated that he began to see light with his right eye, the movements of which, at all events, returned. According to Dr. Pëünoff, his is the forty-fourth case of echinococcus of the orbit known in literature.—*London Med. Record*, April.

New Salt of Cocaine.—Dr. L. Conner (Detroit) has been experimenting with a new salt of cocaine. It is a combination of hydrobromic acid with cocaine. It appears as slender translucent crystals of snowy whiteness. On experimenting with a four-per-cent. solution it was found that anæsthesia of the eye was produced more rapidly than with any of the other salts of the alkaloid, and that its effects were greater from the same amount of solution used.—*Louv. Med. News*, April 25th.

Adjunction of Chloroform and Cocaine.—Dr. Ferrier lately read a report before the Surgical Society of Paris on a work by Dr. Dransart, who proposed the adjunction of chloroform to cocaine for operations on the eye. The chloroform is administered in the usual way after an instillation of cocaine, and the time taken up to administer the former is thus reduced to one or two minutes. The advantages claimed for this method are that the deeper tissues of the eye, such as the iris, muscles, optic nerve, etc., may be cut into without causing pain, which would not be the case with the instillation of cocaine alone. The duration of chloroformization being considerably reduced, the dangers attending the administration of chloroform are *pro tanto* diminished.—(Paris Letter) *London Lancet*, March 28th.

Antiseptic Solutions of Cocaine and Other Alkaloids.—Mr. G. Abbott contributes a letter on the method of preserving solutions of cocaine and other alkaloids. He has found that solutions of atropine are best preserved if made with camphor or thymol, and suggests that camphor in powder or as a spirit be added to solutions of cocaine. The liquor atropiæ, P.B., contains some spirits of wine, and as a consequence it causes considerable smarting when dropped into the eye, whereas if it be made with a little camphor it will cause no pain, and will keep free from fungi for an almost unlimited time.—*London Med. Record*, April.

Action of Caffeine on the Conjunctiva. — Like several other experimenters, Argyll Robertson (*Brit. Med. Jour.*), having noticed the similarity in the chemical composition of caffeine and cocaine, has been led to try the effect of the former on the conjunctiva. After the instillation of a few drops of a one-to-six solution, dilatation of the pupil and slight injection of the conjunctiva were the only effects observed; in no instance was there any anæsthesia.—*N. Y. Med. Jour.*, April 11th.

Ointment for Eczema of the Eye-Lids.—Galezowski (*Union méd.*) proposes the following:

℞	Oil of cade	♏ iv.
	Red precipitate	gr. 1½.
	Camphor	gr. iv.
	Vaseline	ʒ iiss.

Apply to the eczematous patches on the nose and lids of scrofulous children.—*Med. Bulletin*, April.

AURAL.

Ivory Exostosis of Auditory Meatus. — Mr. Arthur Benson read a paper at the Acad. Med., Ireland, describing the case of a gentleman aged thirty-three, in which he had removed an ivory exostosis from the auditory meatus. He had first used electrolysis, to destroy the vitality of the periosteum; the apex of the bony growth separated after six weeks. Five months later he employed the dental engine, and, with the assistance of Mr. Arthur Baker, removed the remainder of the exostosis. The patient was seated in a dental chair; and, whilst under ether, a deep, vertical slot was cut in the base of the tumor with the dental saw. Into this a small chisel was inserted, and a slight blow from a hammer served to separate the remainder of the base, and the growth was removed. Recovery was perfect; and in January, 1885, a year after the operation, there was no sign of a return, and the hearing was perfect. The operation was, contrary to the recommendation of almost all authorities, undertaken before the canal was completely closed by the growth; Mr. Benson advocated early operation in such cases.

Mr. Story considered that Mr. Benson was to be congratulated on the results of his treatment. He would not advise operation until the growth of an exostosis had become sufficient to produce permanent deafness, at least in one ear. Exostoses near the external orifice were easy to deal with, either by the hammer and chisel or by the dental saw; but growths deep down in the meatus taxed the utmost resources of the most skilful and experienced otologists. Mr. Swanzy could hardly imagine a better mode of operating than the one which had been adopted; but he would not have operated in the case in question, deafness being extremely rare as the result of exostosis in the external meatus. Mr. Benson, replying, said the exostosis was a distinct enlargement of the true bone. The whole question was, how much danger there was in the operation. Most patients would prefer one operation to going once a month to a medical man to to have deafness removed.—*British Med. Jour.*, April 18th.

Artificial Fluid Tympanic Membrane—A New Mode of Treatment of Chronic Otorrhœa.—Michael (*Rev. de thérap.*), having noticed an improvement in the hearing of persons with perforated tympanic membrane when fluid was contained in the ear, conceived the idea of introducing into the ear an artificial fluid tympanic membrane instead of the pledget of wadding ordinarily used.

The method he proposes is the following: By means of a dropper he introduces glycerine into the ear until testing of the hearing, made after the introduction of each drop, shows an increased power of audition. If a drop too much is introduced, it is removed by a little wadding. He then introduces a few drops of elastic collodion, which does not unite with the glycerine, but forms a pellicle on the top of it. It is necessary at certain intervals to renew the collodion, as after a time the pellicle formed by it is destroyed.

When purulent otorrhœa is to be treated, Michael uses, in the place of pure glycerine, glycerine and alum, or tannic acid.

Michael specially remarks that there is no danger in purulent otitis of confining the pus behind the collodion. The double advantage of this mode of treatment is protection of the ear from the air and the application of an astringent solution to its mucous membrane.—*Phila. Med. News*, April 4th.

Treatment of Acute Earache by the Injection of Glycerinum Acidi Carbolici. — H. Bendelack Hewetson, Ophthalmic and Aural Surgeon, General Infirmary, Leeds, in a paper read before the meeting of the International Otological Congress, Basle, Switzerland, September, 1884, said: Of late years the use of various forms in solution of carbolic acid has been so universally prevalent in modern antiseptic surgery that many, as it were, hidden virtues have, by constant familiarity with the drug, become patent, as well as that the cautionary mirages which naturally always arise on the introduction of a new drug have been paled into insignificance before the light of experience. The anæsthetic properties of the drug are now much more fully understood and appreciated than they were some few years ago, although a solution of carbolic acid, short of being caustic, was well known to have local anæsthetic as well as antiseptic properties. Any surgeon who has worked for a long time at an operation such as ovariotomy, for instance, must remember his lack of tactile power when he went to his next meal. I myself have frequently dropped my glass, my tactile corpuscles having become temporarily and locally anæsthetized from constant immersion in the solution of carbolic acid which is used for instruments. In nearly all operations (the removal of a breast, for instance), the glycerinum acidi carbolici is applied to the wound to stop the after-smarting, and this it does effectually. Then arose the application of the glycerinum acidi carbolici to the exposed nerve in toothache. The relief is absolutely instantaneous if the tooth pulp is exposed, the patient passing from the severest pain to that of a state of bliss, which all testify to who have experienced relief from toothache. I must here, in passing, just allude to the fact that when earache is due to toothache, which it is in a large number of cases, this application of the glycerine and carbolic acid cures the earache by relieving the toothache.

It is now about seven years since a patient came to me saying that his little boy of five years of age had, within the previous three hours, developed acute earache, and that his temperature was above 100° F. The temperature had been taken by his mother, and was rising. The thought occurred to me, why not inject glycerine and carbolic acid into the ears, as it was evidently a case of inflammation of the middle ear, which would eventually end in perforation and relief, as it had in this child done several times before. I injected this solution of carbolic acid and glycerine, and, to my great delight, it acted as in toothache, almost instantly relieving the acute pain. This was done at three in the afternoon, and the next morning the boy was perfectly well, and heard nearly naturally, though not quite, as he still had a cold. The tympanum never became perforated, as it had done on previous occasions, and the temperature rapidly fell to normal. This is a typical case, and I may say that I have repeated it times without number in the same way, both in children and adults—that is, in earache and in catarrhal otitis. In all cases of this kind, at whatever stage it is applied for earache, it invariably stops the pain; and I feel sure that in many cases, even when perforation seemed imminent, the relief from the pain diminished the tension, and by its strong antiphlogistic, as well as anæsthetic power, perforation has been avoided. If an earache returns, as it does sometimes, where a perforation has taken place and has again closed, the application of the glycerine and carbolic acid gives great relief, and stops the tendency to recurrence. There is one way in which it may fail to relieve pain at once, and that is in case it is poured too quickly into the external auditory meatus, when the patient has his head aside, with the lobe of the ear in its natural position. In this way the air cannot escape sufficiently freely, and a bubble of air prevents the fluid from reaching the bottom of the meatus. The proper way is to draw the lobe of the ear forcibly upwards and backwards, as in syringing the ear, to straighten the entrance to the meatus, and then allow the fluid to trickle gently down one side, whilst the air escapes up the opposite side. In cases where the meatus is very swollen at its orifice, I have injected the solution up a fine elastic catheter well covered with vaseline to promote its easy passage, and in this way I have relieved earache when it could not have been alleviated except by a hypodermic injection of morphia or such means.

I have taken great pains to arrive at the best strength of carbolic acid and glycerine to attain these results, and I find that weaker solutions do not cure the pain so rapidly or effectually. If weaker solutions

are used, they will be found to fail in attaining the same results, and of course stronger solutions would soon become caustic. The glycerinum acidi carbolici in this form is not strong enough to be caustic, and can be applied in severe earache when a perforation exists quite harmlessly.

I have a further suggestion to make as to the applicability of this treatment; but I am only able to support my suggestion by a few successful cases which have come under my own observation. I refer to this application as a means of checking the disastrous otitis in scarlet-fever, as well as to relieve the earache in these cases. I am very hopeful on this point; for in one or two instances where I had an opportunity of applying the glycerine and carbolic acid, when a patient first complained of earache in scarlet-fever, and the membrana tympani had begun to redden, the relief to pain was immediate, and no perforation took place.

Autophony.—Prof. Berthold, of Kœnigsburg (*Revue mensuelle de laryngologie; Jour. des sciences méd. de Lille*), describes autophony as the pathological resonance of the voice of the subject himself, as well as of the respiratory sounds and arterial pulse. It is most frequently caused by a nasal or pharyngeal catarrh of long standing; a catarrh producing an abnormal dilatation of the Eustachian tube, by atrophy of its mucous lining. A contraction of the muscles of the tube, and the retraction of the pharyngeal opening following an ulcer, may also produce the dilatation and consequent autophony.

The symptoms consist of an exaggerated resonance of the voice of the subject himself, and of the sounds of respiration, to which are added many times the sounds of the pulsation of the vessels. As the autophony is often associated with an exacerbation of a chronic naso-pharyngeal catarrh, and to an acute inflammation of the tympanum, the symptoms of these affections are added to the exaggerated resonance.

As symptoms pertaining to autophony, there should be mentioned the painful sensation to the subject which accompanies speaking, coughing, or sneezing, as well as the perception of external noises. To these must be added the sensations felt by the patient during inspiration and expiration, while the mouth is closed, as caused by a movement of the tympanum towards the interior during inspiration, and towards the exterior during expiration, a movement which is readily made visible. With these the patient has a sensation of pressure and fulness in the external auditory canal.

If the phenomena of resonance be very marked, they complain also of a crackling noise, like the brisk separation of mucous walls. With this is associated a sense or drawing upon the tympanum. External noises seem to be reinforced. The noises of a passing carriage in the street are very painful to the patient. Rubbing the concha of the ear between the fingers is much more readily appreciated than on the sound side.

Prognosis is always favorable, when there is no complication and when there exists neither atrophy of the mucous membrane of the tube, nor cicatricial formation at its pharyngeal opening. In the majority of cases, after the catarrh, the mucous membrane is eventually completely relieved. Habit, moreover, enables the patient to support the symptoms readily, when once the pain has disappeared.

Treatment is the same as with chronic nasal, pharyngeal, and tubal catarrh. Frequent nasal douches of warm salt water and steam are beneficial. Brenner recommends the insufflation through the tube of sulphate of zinc of ¼ to ½ p. 100.—*Jour. Amer. Med. Ass'n.*

Otorrhœa — Chalybeate Water.—C. C. Frost, M.D., Nashville, Tenn., writes: I have read in the column of "Medical Items," in *The Record* of February 14th, the paragraph headed, "Is Iron Given Alone of Any Therapeutical Value?"

In my own case natural iron-water was of very great value, after iron in several other forms had failed.

I was troubled with a chronic otorrhœa and many other anæmic symptoms. I tried iron in various forms without other effect than a constant headache.

I had given up the use of iron entirely for several months when I began to use the chalybeate water, intending to give it a thorough test. I used no other water, and drank the chalybeate frequently when I was not thirsty. I used no medicine whatever.

In less than a week the otorrhœa had entirely disappeared. My appetite, which was diminished when using the other forms of iron, began to improve, and at the end of a month I had made a considerable gain in weight.

I continued to use the water two months constantly.

I have passed the winter since in much better health than for eight years, and a small fistula which has been in the habit of healing in the summer and opening in the winter months has failed to put in its appearance this winter.—*N. Y. Med. Record*, April 11th.

Earache.—We see recommended various liniments and ointments for the relief of earache. Either one of the following will relieve forty-five out of fifty cases, and should be used first in the order given: Solution muriate of cocaine, hot water, and leeches; the water can be heated in a spoon over a lamp, and poured in the ear every few minutes. Dr. Miot recommends highly atropine in acute otitis and rhinitis in children. It is particularly valuable in aborting coryza, thus preventing the spread of the inflammation to the Eustachian tubes. He gives about $\frac{1}{500}$ of a grain every three hours for three days.—*Western Med. Rep.*, April.

Painless Perforation Tympani.—Dr. Pollak (St. Louis) has made a complete division of the membrana tympani, usually a very painful procedure, without any inconvenience to the patient, by the employment of a four-per-cent. solution of hydrochlorate of cocaine, introducing two drops twice, at intervals of five minutes.—*Med. World*, April.

DERMAL.

Progress in the Treatment of Skin Diseases.—The last decade, more than any previous period, has been productive of a system of application of physiological processes to the pathic involvement of skin affections. The dermatologist of this day, who simply depended on the older remedies for support in combating the various cutaneous troubles, would, indeed, be left behind by his more practical colleagues in practical results. The tar treatment of psoriasis has been almost entirely supplanted by naphthol, pyrogallic acid, and chrysarobin. Scabies, which was thought to be conquered by sulphur, with its unpleasant odor, is now more clearly and speedily overcome by naphthol and chlorinated oil. The oleates in their various forms and varied names have proved unexceptional remedies in as many different types of disease of the skin. Favus, once thought almost incurable, is now tractable, without epilation, to mercuric oleate and copper oleate. Trichophtosis may be said to vanish almost visibly under the use of copper oleate. Ulcerating lupus and chronic ulcers I have shown to yield most readily to the irritant action of the jequirity infusion, when but a short while ago they were only to be met by the cautery, the curette, etc., or the use of caustics. Arsenic is found to answer better, when used hypodermically, in many cases, while the same method of exhibiting mercury seems fair to take the place of inunctions and other specifics for syphilis.—Dr. J. V. Shoemaker.—*Med. World*, April.

Simplified Application of Glycerine.—M. Pierre Vigier, in one of his communications to the *Gazette hebdomadaire*, observes that glycerine is ordinarily applied far too profusely in the treatment of chaps and other cutaneous irritations, causing a most inconvenient stickiness that renders the use of gloves necessary. Every advantage may be obtained from this substance in a diluted solution, which may be employed without any inconvenience, and succeeds perfectly if its employment is continued long enough. The formula for it is as follows:—Rose water 100 parts, glycerine at 30° 20 parts, and tannin half a part. Mix and filter. The hands, lips, or face are to be rubbed with a few drops of this lotion morning and evening. The skin is rendered by it soft and supple, and it dissipates the acrid effects of cold or heat, and heals up chaps of the hands and lips. In fact, preparations containing this minute proportion of the active principles have for a long time been employed under all kinds of strange names by the perfumers.—*London Med. Times*, April 11th.

Arsenic in the Treatment of Lymphoma.—Karewski (*Berlin. klin. Woch.*) insists that it is highly important to decide whether a glandular swelling is innocent in character, or has a malignant tendency, since in the latter instance the arsenical treatment is of no avail. He reports four cases which were treated with Fowler's solution, partly given internally in doses of from six to twenty drops, and partly administered by the method of parenchymatous injections, the solution being introduced directly into the glands. In three

cases the cure was complete. It is significant that the number of the white blood-corpuscles was increased rather than diminished during the treatment. The writer does not attempt to explain the manner in which the drug acts.—*N. Y. Med. Jour.*, April 18th.

Epithelioma of the Skin.—Giovanni Pascale (*Deutsche med. Zeit.*), considers epithelioma of the skin a peculiar form, to be distinguished from genuine carcinoma, and recommends resorcin in the treatment of superficial epithelioma.

Resorcin has neither the irritating effect of the milder escharotics, nor the destructive action of the stronger. It acts rather more slowly and continuously on the tumor, diminishing the suppuration, disinfecting the sore, and preventing the disposition to hemorrhage. The old, soft granulations undergo disintegration; the infiltrated parts are gradually eliminated. After the removal of all diseased tissue, cicatrization takes place, and the cicatrix is soft, and free from pigmentation.

The treatment, which, on account of the slow action of resorcin, must be continued for months, brings to the patient neither danger nor discomfort, and is never painful. The best method of applying resorcin is as a salve with vaseline, spread on a piece of silk, and laid on the sore. In the meantime washing with a 1½-per-cent. solution of carbolic acid must not be neglected. In the beginning the proportion may be: resorcin 75 grms, vaseline 100 grms, or even equal parts; the salve must be renewed daily. Later, after sufficient modification of the surface, the salve may be reduced to resorcin 50 grms, to 100 grms of vaseline. Thereafter, according to circumstances, the salve may be made milder every two, three, or four days; the carbolic wash to be used two or three times a day..

In the papillary form, the author recommends the removal of the growing excrescences before beginning the treatment with resorcin.—*Cin. Lancet and Clinic*, April 4th.

Creasote Water as a Local Anæsthetic.—The officinal aqua creasoti, or creasote water, is so important as a preparation for one special use that it is well to notice it in order to emphasize that special use. It is a simple one-per-cent. solution of wood creasote in water, and, like similar solutions of carbolic acid and of cresol, it is a most effective local anæsthetic, and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid, or of coal-tar creasote, for this purpose, but it is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula, or diluted with an equal volume of water, or with more water for delicate surfaces in women and children, and applied by means of a single thickness of thin muslin, or worn-out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it, will relieve the pain of burns and scalds in five to ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over.

It is also very effective as a local anæsthetic for general use in all painful conditions which affect the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is very promptly reached, and can be carried to almost any degree that is desirable, by simple management of the strength of the solutions and the mode of application. They are true anæsthetics to the skin, while the much-lauded cocaine is not.—*Squibbs' Ephemeris*, March.

Pure Benzole in the Treatment of Epithelioma.—Dr. Sherwell has a patient under treatment, suffering from cancroidal ulceration (rodent ulcer) around the eye, to which he was applying pure benzole. The object was to mummify the tissues, as it were. The application did not cause pain, but, on the contrary, acted as an anæsthetic, destroying the sensibility of the parts and blanching the cells. After a short time a scab is formed which should be removed and more benzole applied. He was inclined to think that it could be used in cancer occurring at the os uteri. He had used the drug at the suggestion of Dr. Mathewson, of Brooklyn.—*Jour. Cutan. and Ven. Dis.*, April.

Powdering the Face.—Dr. Malcolm Morris thus speaks of the practice of powdering: But when a decree has gone forth that powder is to be applied to the cheeks from morning to night to the utter destruction of the complexion, it is time to speak out, and that it does so destroy it, is attested at this moment by thousands of skins puckered and pitted, that but for us-

ing powder would have remained to this day soft as silk. The constant use of powder has precisely the same effect on the glands of perspiration as the overstraining of the voice has upon the throat of a clergyman or public speaker. With the continuous exertion to secrete moisture to lubricate the throat, the glands become exhausted and give out so small a supply that, if speaking be persevered in, an obstinate complaint termed clergyman's sore throat is the result. So with the glands of perspiration in the face, as the powder dries up the moisture, more and more is secreted, till the glands become at last unable to fulfil the unavailing task, and shrinking, produce the little chasms that give the orange-rind appearance that is but too familiar to all observant people. As in the petal of the flower and on the wing of the butterfly, there is always a delicate down that no powder can simulate, and any excess of this is a disease.—*Jour. Cutan. and Ven. Dis.*, April.

Turpentine in the Treatment of Psoriasis.—Dr. H. R. Crocker speaks highly of turpentine in certain cutaneous diseases. His experience in thirty cases of psoriasis proves that this drug is valuable. No external applications whatever were used; in all marked improvement was manifest. He gave fifteen to thirty minims of ol. terebinthinæ in an emulsion of acacia.—*London Pract.*, March.

Treatment of Zona.—Dr. Fabre recommends (*L'Union méd.*) the following treatment of zona: In the beginning of the disease, mild purgatives may be necessary. These should be followed by general sedatives, such as opium, belladonna, and ether, to diminish the pain. Locally, anodyne liniments may be applied and the diseased parts dusted with subnitrate of bismuth or oxide of zinc. If the vesicles are fresh and transparent, they may be aborted by covering them with collodion; but if they have been present four or five days, application of collodion will have no good effect; but, on the contrary, they will suppurate beneath it. The neuralgia which persists after the cure of the eruption should be treated by hypodermic injections of morphine or atropine, and arsenious acid in doses of from $\frac{1}{30}$ to $\frac{1}{8}$ of a grain be adminstered internally.—*Phila. Med. News*, April 4th.

TOXIC AND HYGIENIC.

Formic Acid as a Germicide.—The conditions of animal life vary immensely; the introduction of a single influence, not apparently of a powerful nature, may determine the death of some organisms. M. Schnetzler a few weeks ago communicated some observations to the Académie des Sciences, which serve to illustrate the above general principle. He has found that *Bacterium subtile*, one of the most difficult micro-parasites to kill, dies when in the presence of formic acid. Even when this bacterium has resisted the action of boiling water for one hour, it may be instantaneously killed by formic acid: a drop of water containing a thousandth part of formic acid, to a drop of water teeming with thousands of the bacteria, is sufficient to effect the purpose. The swarming fluid so treated may be introduced into the digestive tract with impunity. The author recommends the trial of formic acid on the cholera bacillus, and it may be suggested that its action on *Bacillus anthracis* is equally deserving of experiment. If formic acid should be found to be capable of destroying the dried virus of charbon, provided this chemical agent does not injure imported wool—and in such a diluted state injury seems impossible,—the suggestion that all imported wool be washed in a weak solution of formic acid, might be of value in preventing the occurrence of so fatal a disease as malignant pustule and its allies.—*Popular Science News*, April.

Alcoholic Poisoning.—Dr. Broadbent records a case of alcoholic poisoning in a gentleman aged 42. In 1875 he was placed under the care of a medical man as a dipsomaniac. He had never had pronounced delirium tremens, but, for some months before his final illness, had failed in mental power. Dr. Broadbent saw the patient in April, 1883. At this time the paralysis was chiefly manifest in the extensors of the forearm, giving rise to double wrist-drop; the flexors were also weak, and the muscles of the trunk enfeebled; though the legs could be moved in bed, the patient could not stand alone. The knee-jerk was lost, the sole-reflex marked; sensation was unimpaired; the sphincters were not affected. A special peculiarity was the pale, puffy, purplish condition of the hands, while the feet, when hanging down, could

be seen to swell. Eight days after the author first saw the patient, death took place from asphyxia, there being obvious paralysis of the diaphragm. The spinal cord was examined *post mortem*, but nothing could be found on microscopic examination; it appeared remarkably pale, and of normal consistence.—*London Med. Record.*

Poisonous Mustard.—The chemist of the Sanitary Bureau has examined several hundred specimens of mustard, collected under the direction of Dr. Edson, and has submitted the results of his examination to the New York Board of Health. Three specimens contained flour, and were colored by the addition of naphthol yellow. Ten other specimens contained flour or *terra alba*, and in some cases there was only 35 per cent. of mustard. Naphthol yellow is an irritant poison.—*N. Y. Med. Record.*

Salt vs. Sewer-Gas.—In cities, a few handfuls of salt thrown daily into the water-closets, and an occasional handful thrown into the wash-basins, would go far, we believe, toward counteracting the noxious effects of the omnipresent sewer-gas, against which sanitary efforts have so long been directed. In the country a quart or more of salt used daily in the privy vaults would serve an equally useful purpose.—From Editorial in *N. Y. Med. Jour.*, April 4th.

Contagious and Infectious Diseases.—"How to Prevent Contagious and Infectious Diseases in Schools" is the title of a small pamphlet which contains the conclusions arrived at by the medical officers of school associations in London. We copy the following as of interest to both parents, teachers, and pupils:

"When may a pupil who has had an infectious disease rejoin the school?" is answered as follows, provided patient and clothes are *thoroughly* disinfected: "A pupil may go home or rejoin the school, after scarlet-fever, in not less than six weeks from the date of the rash, *if* desquamation have completely ceased and there be no appearance of sore throat; measles, in not less than three weeks from the date of the rash, *if* all desquamation and cough have ceased; German measles (Rötheln, or epidemic roseola), in two or three weeks, the exact time depending upon the nature of the attack; small-pox and chicken-pox, when every scab has fallen off; mumps, in four weeks from the commencement, *if* all swelling has subsided; whooping-cough, after six weeks from the commencement of the whooping, provided the characteristic spasmodic cough and the whooping have ceased, or earlier, *if* all cough has completely passed away; diphtheria, in not less than three weeks when convalescence is completed, there being no longer any form of sore throat, or any kind of discharge from the throat, nose, eyes, ears, etc., and no albuminuria. — *American Practitioner*, April.

Disinfection by the Fumes of Sulphide of Carbon.—The combustion of this fluid being accompanied by the formation of considerable quantities of sulphurous and carbonic acids, M. P. Vigier has recently recommended its use for the disinfection of rooms and hospitals. Two or three litres of sulphide of carbon were placed in an earthenware jug and ignited. The room is then closed as hermetically as possible, and soon becomes filled by the fumes, which in all probability possess powerful germicide properties. Exact experiments have, however, not yet been made.—*London Med. Record.*

PARTURIENT.

Influence of Certain Syphilitic Lesions of the Uterus upon Labor.—According to Dr. Mesnard, Paris, syphilis may be the cause of dystocia, by the alterations which it produces in the structure of the neck of the womb.

The induration which sometimes accompanies cervical chancre, which follows it, or which may occur without other local accident at the same time that crops of secondary accidents appear upon other portions of the body, is a cause of the rigidity of the borders of the uterine orifice.

In these cases, where microscopical examination has been practised, the lesion was found to be constituted by a rarity of the bundles of smooth muscular fibres, and by the predominance of a dense, compact, fibrous tissue, infiltrated with lymphoid cells. It was, in fact, a chronic inflammation of the cellular tissue with chronic lymphitis.

Rigidity of syphilitic origin is easily recognized by the history of the case, by

concomitant lesions, and by its objective characters.

Treatment by baths, by warm douches upon the cervix, the local application of extract of belladonna is generally without avail. Incisions of the cervix should be practised when the condition of the mother and the child indicates it.

Properly performed, the operation is generally without danger. The only death which has occurred after the incisions was not due to the operation.—*Jour. Cutan. and Ven. Dis.*, April.

Application of Midwifery Forceps.—Permit me to describe a method of applying the forceps which I have adopted and practised for many years. I apply the lower blade first. The patient's right knee is then drawn up, and the left leg extended and drawn outwards. The upper blade is then introduced, using the left hand, the forefinger of the right hand being in the vagina to direct the blade over the head and gently press the convex edge of the blade. In this way it easily goes into its proper position and locks with the other. Extraction is then made in the ordinary manner.—(J. C. Orchard, L.R.C. S., Edin.)—*London Lancet*, April 11th.

Injection of Hot or Cold Water in Uterine Hemorrhage.—Dr. Schwarz (*Schmidt's Jahrbücher*) relates a case of post-partum hemorrhage which was controlled temporarily by an injection of water at a temperature of 120° F., containing two and a half per cent. of carbolic acid. The bleeding began again, however, and could not be arested by further hot-water injections. A trial was then made of ice-water with perfect success. In other puerperal and non-puerperal cases, after failure with hot water the author obtained most satisfactory results with cold injections. Dr. Graefe has also had several cases in which he found cold irrigations to answer the purpose after hot water had failed. He regards the styptic action of hot water as due not only to the swelling of the tissues which it causes, but also to a certain degree of muscular contraction in the uterine walls. The former is not sufficient in itself to arrest the hemorrhage unless aided by muscular contraction. When cold-water irrigations follow those previously made with hot water strong contractions of the uterine muscle are excited, but the œdematous swelling caused by the hot water cannot be so rapidly overcome, and hence the two conditions most favorable for arresting the hemorrhage are present. In the same way, when hot injections follow cold ones the irritation to the muscular tissue remains, and to it is added the swelling of the tissues above mentioned. If only one be used Schwarz prefers the cold water, as having the advantage of absolute safety. Hot water, if too hot, may cause a paralysis of the uterine muscular tissue, and if not hot enough will only increase the hemorrhage. If a trial with one temperature be unsuccessful, the use of the opposite will almost certainly control the bleeding.—*N. Y. Med. Record*, April 4th.

Shoulder Presentations. — E. F. Wells, M.D., of Minster, O., writes:—I recently was called to see a woman, aged forty-four years, three days in labor with her thirteenth child. She was a well-formed woman, and had passed through the period of her pregnancy to full term, with no symptoms of any importance. When I arrived I found the cord prolapsed and the left shoulder presenting at the pelvic brim. The os was fully dilated, and the amniotic fluid had long since drained away. The woman had become restless and irritable, was a little feverish, and the vagina and os uteri were swollen, dry, hot, and painful.

The cord was pulseless, but was warm and moist, and the midwife informed me that it had been pulsating only a short time before. I determined, therefore, to replace the cord before proceeding to turn, and to facilitate this I placed the patient in the knee-chest position. The cord was then easily replaced well up in the uterine cavity. In doing this I was astonished at the facility with which I passed my hand by, and the mobility of the previously firmly wedged-in shoulder; and pursuing the investigation further, I found that I could readily push up the shoulder and, by external manipulation, bring down the head, which was done. Maintaining the parts in this position, I directed the patient to rise upright on her knees, and I soon had the satisfaction of knowing that the pains were engaging the head in the superior strait. A dose of ergot was administered, the woman placed in a more comfortable position, and the labor was soon terminated in a natural manner, the child

being dead. The mother recovered without any trouble whatever.

In this connection I wish to call attention to the old, but long-neglected plan of placing the woman in the "knee-chest" position when about to perform version in cross presentations. In this position the operator has the aid of gravity in relieving the downward pressure upon the pelvic brim, thereby facilitating the passage of the hand into the uterus and all the subsequent manipulations, and, I conceive, tending to prevent the unfortunate accident of rupture of the uterus. I feel confident, also, that cephalic version will be found perfectly feasible in many cases in which podalic version would be the only alternative with the woman in the ordinary position. Another advantage is, that the pains are much less powerful and effective when the uterus is suspended than when it is lying upon the spine and pelvis. I should very much like to see this method of dealing with these difficult cases given a fair and impartial trial by accoucheurs, and the results laid before the profession for future guidance.—*Jour. Amer. Med. Ass'n*, April 11th.

Supporting the Perineum.—In the *Clinique d' Accouchements* at Paris, Depaul in one of his last lectures said :—"I *never* support the perineum ; I am contented with supporting the head of the fœtus and preventing it from emerging too suddenly." Often, when the perineum has been supported, it has been found on withdrawing the hand that a rent has been made in the perineum by the hand itself. For this reason Depaul said, support the head, but leave the perineum alone.—*N. Y. Med. Times*, April.

Treatment of Septicæmia by Ammonia and Chlorate of Potash.—The treatment of septicæmia by these remedies is sufficiently unusual to warrant the report of the case which Dr. Maitland Coffin records :

On October 9th, I was sent for to see Mr. T——. I found him very ill with erysipelas, and waited on by his wife, who was expecting her confinement every day. On the 14th I delivered her of a still-born female child, which had evidently been dead for a considerable time. Two hours after, I took her temperature ; it was 100.4°, and fearing septicæmia, I gave her (having found it of use in other cases of blood-poisoning) large doses of ammonia and chlorate of potash ; ordered carbolic acid (1 in 40)to be kept boiling in the room day and night, and the uterus to be syringed with Condy's fluid and water three times a day. The temperature went steadily up until the fourth day, when it reached 105.4°. The patient complained of pain in the throat and great difficulty in swallowing. The temperature kept from 105° to 105.2° until the morning of the tenth day, when it steadily declined until the evening of the twelfth day, then it went up a degree. The patient passed a large quantity of fetid discharge. I ordered the uterus to be syringed every three hours ; she continued to improve, and at the end of one month I allowed her to come down stairs. On the sixth day she had some septicæmic spots, which disappeared on the thirteenth day, and throat symptoms on the ninth day. With regard to temperature, for six days and a half it was over 105°, for nine days over 103°, and for eleven days over 102°.—*Med. and Surg. Rep.*, April 4th.

Erysipelas as a Complication of Pregnancy and Labor.—Dr. G. H. Balleray records two cases of labor with current erysipelas without untoward result. He points out that the management of labor in the case of a woman suffering from erysipelas does not materially differ, other things being equal, from the management of a case of normal labor. The accoucheur should abstain from frequent vaginal examinations during labor ; and such examinations as are necessary should be made with *clean* hands. The placenta should, if possible, be delivered by Credé's method ; thus avoiding the introduction of the finger or hand within the genital canal. A full dose of ergot should be given after the delivery of the placenta ; and the uterus should be gently manipulated until it is *firmly* contracted. In the after-treatment, the nurse should be forbidden to touch the genitals of the patient, without having previously washed her hands thoroughly with *hot* water and soap. The use of antiseptic vaginal injections should be commenced within twelve hours after delivery, and continued as long as there is any indication for their employment.—*Louv. Med. News*, April 25th.

Pruritis of Pregnancy — Sulphurous-Acid Lotion.—Dr. Powell, Beckenham, writes in answer to a query : Pre-

suming "A Member's" patient is not diabetic, I would suggest that she should apply to the parts affected a lotion of sulphurous acid in warm water (half ounce to the half pint), the results of which I have found uniformly successful.—*Brit. Med. Jour.*

Prevention and Treatment of Eclampsia by Warm Baths.—Breus has given in the *Archiv für Gynækol.*, Band xxi., No. 1, the result of his observations in seventeen cases, two of which ended fatally. He recommends putting the patient in a bath at 38° C., and to raise the temperature of the water gradually until it reaches 41° C. After that, the woman is wrapped up in blankets, and abundant perspiration sets in. When albuminuria exists during pregnancy, a course of warm baths may prevent the occurrence of convulsions at the time of confinement.—*London. Med. Record*, April.

GYNECIC.

Pelvic Anodynes.—The following is from an address delivered before the British Gynecological Society by Alfred Meadows, M.D., F.R.C.P. :

As an example of a pelvic anodyne, with special reference to the ovaries, I know of none that can compare with conium, or, better still, with the alkaloid conia, used in the form of vaginal pessary. In all cases, whether neuralgic or inflammatory, in which the ovaries are the seat of pain, conia is, to my mind, quite a specific. No drug that I know of acts with equal certainty and success. Lastly, I suppose we are all agreed that bromide of potassium exercises most powerful influence upon the ovaries. No drug, in my experience, can equal it in controlling ovarian mucorrhagia ; it not only limits the flow in these particular cases, but it seems, also, to exercise a distinct and controlling influence upon ovulation itself ; hence, its value in checking ovarian mucorrhagia, so far as regards its too frequent periodicity, for it certainly increases the length of the menstrual interval ; in other words, it controls too frequent menstruation, or, as I should say, too frequent ovulation.—*British Med. Jour.*

Pyosalpinx.—Mr. Lawson Tait at the British Gynecological Society read the notes of three cases of pyosalpinx. The patients recovered in all three cases. Mr. Tait said it was, of course, impossible to make a differential diagnosis between pyosalpinx, hydrosalpinx, and hæmatosalpinx. There might also occur an occasional error in cases of tubal pregnancy at the time of rupture. Such distinctions could only be made at the time of operation ; but chronic salpingitis, with occlusion and distension of the tubes, was a condition which could only be cured by the removal of the diseased organs. The outcome of these operations was extremely satisfactory ; the mortality was very small ; and the relief which followed the operation was, in the great majority of instances, immediate and complete. In others, menstruation would go on for some months, but with greatly diminished suffering, and much less in quantity ; and although, in some of these instances, pain remained to a great extent, yet relief always came in time, and the patient's condition ultimately became one of perfect cure.—*British Med. Jour.*, April 18th.

Vesico-Vaginal Fistulæ. — Percy Boulton, M.D., Physician to the Samaritan Free Hospital, writes :

In the number of the *British Medical Journal* for March 14, 1885, Dr. Tytler suggests dilatation of the female urethra, and introduction of the left forefinger of the operator into the bladder, in order to press down the anterior vaginal wall, and so facilitate the paring and stitching of the edge of the fistula.

I have always found that, unless the fistula be about central between the neck of the bladder and uterus, the finger would be too short to be of any use ; while a metallic depressor, which I am in the habit of using, for this purpose, answers perfectly, and does away with any necessity for dilatation of the urethra, and the possible cystitis which may follow. This staff being held by an assistant, whose hand is above the pubes, and well out of the way, leaves the operator with both hands at liberty and an unobstructed view.

The cases that find their way to me are usually either exceptionally severe or difficult, owing to being situated in out-of-the-way corners. A fistula now under my care is high up behind the pubic arch on the right side of the patient, and could not possibly be reached through the urethra by the left forefinger of the operator, even if his finger were a preternaturally long one.—*British Med. Jour.*, March 28th.

Anti-septic Vaginal Injection.—The *Bulletin général de thérapeutique* states that the following formula is habitually employed in the Lariboisière *Maternité*:

Biniodide of mercury, Iodide of potassium,	each . . .	1 grain.
Water		1 quart.

The temperature of the injections is about 113° F.—*N. Y. Med. Jour.*, April 18th.

Vaginal Lithotomy.—J. McAvoy, M. D., Rathfriland, reports the following: R. M., a female, aged thirty-seven years, suffering from calculus, was under treatment in hospital on five distinct occasions. Lithotomy was performed without much relief, and she was discharged as incurable three months ago. I was asked to see her on 10th January. She was suffering from retention of urine, and from violent pains in her back, vomiting tremendously, tongue coated, and very thirsty. On introducing the catheter I felt a very large calculus. I introduced the catheter almost daily for a month. As she was sinking very fast, I asked her if she would allow me to perform vaginal lithotomy; she consented at once. On the 17th February I placed her under chloroform. I determined to perform the operation without injecting the bladder. I introduced the index finger of my left hand into the bladder, and after a good deal of trouble I got my finger behind the stone, and made it bulge through the upper wall of the vagina. I then made my incision over the stone from behind forwards without incising the urethra, the incision being as small as possible, and after some force the stone was expelled. It weighs thirteen drachms, and is an alternating calculus. The bladder was greatly thickened from chronic cystitis. I ordered the patient hyoscyamus and buchu. The urine at first gave her a good deal of annoyance, but with perfect cleanliness it soon ceased. The incision has united so that it is like a fistula. The chronic cystitis has ceased, and at present, six weeks after the operation, she is free from pain, and able to walk about.—*London Med. Times*, April 25th.

Applications of Corrosive Sublimate and Glycerine in Epithelioma of the Cervix Uteri.—D. Biddle, Kingston-on-Thames, writes: There are few things in the way of palliative treatment that have given me greater satisfaction than the use, in a case of epithelioma of the cervix uteri, of a lotion, or injection, containing one fourth of a grain of corrosive sublimate, and half an ounce of glycerine, to a pint of water. Before using it, a patient of mine had, for seven or eight months, been subject to paroxysms of agonizing pain, and to frequent hemorrhages, which were occasionally profuse. Immediately upon its employment, and for the last three months of her life the hemorrhage became merely nominal; and, instead of agonizing pain, there was simply the distress consequent upon irritation (by the tumor) of the bowel and bladder, the latter of which became perforated a week before death. I attribute the beneficial change to the very marked reduction in the amount of infiltration. The lotion was used continuously, with very few exceptions, twice a day during the three months, and I shall certainly adopt the same treatment in the next case I have, even before recovery is despaired of. In the case referred to, it was not tried until the curative effects of chromic acid had been tried in vain.—*British Med. Jour.*, March 28th.

Cancerous Tumor of Vagina — Local Anæsthesia by Cocaine.—Dr. A. E. Loewenthal, of Hoboken, N. J., was called upon to remove a cancerous tumor of the vagina, and, as the patient was exhausted by hemorrhage, he decided to employ local anæsthesia by cocaine rather than to use ether. The tumor was painted with a five-per-cent. solution for a period of about fifteen minutes, and was then excised with the Pacquelin knife. Cocaine was then applied anew, and the surface of the wound was thoroughly scraped, and finally the actual cautery was used to arrest the rather copious hemorrhage. The patient experienced no pain at all until the hot iron was used, and then complained but slightly.—*N. Y. Med. Record*, April 4th.

Phantom Tumors.—The case is related by Dr. Krukenberg, (*Schmidt's Jahrbücher*) of an hysterical woman twenty-four years of age, whose abdomen was very large and tense, giving the appearance of a tumor. This was present when the patient lay down as well as when she stood, but when she was placed under chloroform, the abdomen became soft and flat. The author remarked later that the patient had a marked lordosis of the lumbar vertebræ, with a posterior bowing of the dorsal spine,

which he thought was due to weakness of the muscles of the back, arising from the long confinement in bed. The lordosis of the spine caused increased intra-abdominal pressure, and thus the intestines pushed out the weakened abdominal muscles. This condition persisted while the patient lay in bed, and it was only when she was raised to the kneeling posture that the lordosis, and with it the phantom tumor, disappeared. Why the lordosis should persist during the maintenance of the recumbent posture is not very clear, though Dr. Krukenberg thinks that the abnormal position of the vertebral column had caused a gradual shortening of the spinal muscles.—*N. Y. Med. Record*, April 18th.

Substitute for Removal of Uterine Tumors.—Dr. Chadwick, of Boston, suggests that we may find that merely tying the ligaments and thus cutting off the blood-supply to the tumor and uterus is the essential part of the various operations for the removal or cure of uterine growths. Several years ago he attempted to extirpate a universally cancerous womb, but was compelled to give up the attempt on account of the complications. Before closing the abdomen, he tied both broad ligaments. The woman lived a year, and the severe hemorrhages, to which she had been subject, did not recur. Had the growth been non-malignant, he believes that it might have been arrested. He further suggests the feasibility of ligaturing the broad ligaments by ligatures introduced through the vaginal walls by means of an aneurism needle.—*Boston Med. and Surg. Jour.*

Treatment of Vaginitis.—Sigmund (*L' Union méd.*) recommends the following solution for the treatment of vaginitis :

Iodine	gr. 1¼
Potassium iodide . . .	gr. 6 to 12
Glycerine, pure	3 v.

Dissolve and apply to the walls of the vagina, or introduce tampons wet with the solution for the treatment of blennorrhagic vaginitis with granulations.—*Phila. Med. News*, April 4th.

Treatment of Cervical Endometritis.—According to Chéron (*Revue de thérap. médico-chir.*, 1885, No. 2) iodine is the best local remedy, but the tincture does not always act well. It is better to use at first a solution of iodide of potassium (gr. 150) and iodate of potash (gr. 15) in two ounces of water, and immediately after another composed of 150 grains of citric acid in two ounces of water. The second solution decomposes the first, and iodine becomes free. This application must be repeated two or three times a week.—*London Med. Record*, April.

PEDIATRIC.

Cod-Liver Oil and Lime Water in Scalded Throat. — H. D. Palmer, M.R.C.S., reports this case : So many children die annually, especially amongst the poor, from drinking from the spout of a boiling tea-kettle, that a simple plan of treatment, which saved the life of a little child under my care a short time back, is perhaps worthy of record.

I was sent for to see Alice B., aged three, who when the mother was out of the room had attempted to drink from the spout of a boiling tea-kettle, which stood on a low fireplace about level with its face. She had succeeded in taking enough into her mouth to scald the throat most severely, and when I got to the house I found the little patient collapsed, livid in the face and evidently dying from shock. The mouth was so swollen and scalded I could form no idea as to the extent of the injury to the throat. I thought the child would not recover, but determined, as it could not take food of any sort, to give it equal parts of cod-liver oil and lime water as much for the sake of a dressing to the injured parts as for the nourishment the oil would afford. I ordered it to be fed with a teaspoonful every hour, and from the first the beneficial effects were truly marvellous ; the pain was evidently relieved by keeping the scalded surface constantly coated with this oil, and as the child at first only swallowed with difficulty it was longer in contact with the inflamed mucous membrane. In three days the child began to take notice, and in about a week afterwards all the distressing symptoms of difficulty of breathing, which had made me fear for its life at times, had vanished. As it improved I added milk to its diet and gradually reduced the oil and lime water. It recovered completely.—*London Practitioner*, April.

Etiology of Rickets.—The following are the conclusions of Dr. J. Comby, in an article on this subject in the *Archives*

générales de médecine for March, 1885: 1. Improper feeding of the new-born is the sole cause of rickets. 2. By improper feeding is meant the giving of any aliment other than human milk during the first year of life. 3. Improper feeding also includes nursing when it is irregular or too frequent, or when the nurse is unhealthy. 4. The surest way to cause rachitis is to feed infants prematurely with meat, bread-pap, and other similar substances not made of milk. 5. Artificial feeding with a bottle and long tube is a very frequent cause of rickets; the employment of a bottle without a tube, or more simply, of a cup or glass, is less dangerous. 6. Supplementing the breast with the bottle, although better than artificial nursing, is not without its dangers. 7. Premature weaning, finally, is an active exciting cause of rachitis. Weaning should never be attempted during the first year, and should then be accomplished gradually and with discretion.—*N. Y. Med. Record*, April 11th.

Dilatation of the Stomach in Children.—According to Comby (*Arch. gén. de mèd.*, 1884, p. 332), dilatation of the stomach is habitually found in rickety children, and results from defective alimentation. The physical signs are meteorismus and "clapotement," or percussion. The digestive troubles caused by the dilatation are often accompanied by convulsions, sleeplessness, eczema, urticaria, bronchitis, etc. The prognosis is serious, as the dilatation may become permanent. In order to prevent or cure the disease, artificial feeding and premature weaning must be avoided. Large, irregular, or too frequent meals have a very bad influence, and often cause dilatation. In some cases the stomach-pump may be used.

Hæmatemesis after a Burn.—Dr. Demme, of Berne, communicates to the *Wien. med. Blätter*, of Dec. 18th, a case of hæmatemesis after superficial scalding of one arm and hand. The patient was a boy aged five years, who pulled a can of hot water over his left forearm and hand. Blisters developed, but there was no sign of deeper injury to the skin. About eight hours after the accident, the arm having been dressed with Carron-oil, vomiting of bloody mucus took place, which was repeated several times, in spite of small pieces of ice to suck, and subcutaneous injections of ergotin. Collapse occurred next morning, with renewed hæmatemesis, the temperature falling to 34.5° C. (94° F.), and the pulse becoming too rapid to be counted, with Cheyne-Stokes respiration. Injections of ether were given at intervals of half an hour, and, after the evacuation of several copious stools containing altered blood, an improvement gradually took place in the symptoms, the scald healed well, and the child was discharged from hospital eleven days later.—*London Med. Record*, April.

Quinine for Coryza in Children.—M. Filatow (*Gazette méd. de Paris*) recommends the employment of the following formula in the treatment of the coryza of children:

℞ Muriate of quinine . . . . . 1 part.
Glycerine . . . . . 15 parts.
M. S.—Two or three drops are to be applied to the nasal mucous membrane three or four times daily by means of a camel's-hair brush.

The dry and fatiguing cough which often accompanies infantile coryza may be relieved by the following:

℞ Laurel water . . . . gtt. v. to viij.
Distilled water . . . ʒ ii.
M. S.—Teaspoonful every two hours.

When an epidemic of influenza is existing, and there may be grounds for regarding the coryza as a prelude to this affection, it may often be aborted by the early administration of sulphate of quinine in doses of from 1 to 3 grains to children of one year of age or under, and in doses of 4 or 5 grains to children from one to three years old.—*Therap. Gaz.*

Iodated Phenol in the Dysentery of Children. — Dr. Rosenfield recommends what he calls iodated phenol (*Phenolum iodatum*) for dysentery in children *Centralbl. für die Gesam. Therap.*). The drug consists of a solution of about 4 grains of pure iodine in 1½ ounce of glycerine, to which about 4 grains of carbolic acid are added. One to two teaspoonfuls of this mixture are administered three or four times a day in a glassful of water as an enema. A sensation of warmth in the abdomen is followed by a substitution of green stools for the former bloody ones, and in the course of a day or two the only remaining trace of the malady is a slightly mucous diarrhœa. In a severe epidemic of dysentery, in which 80 per cent. of those attacked were under ten years of age, and 49 per cent. between one and three years, only 6 died out of 142 treated in this way. —*London Med. Record*, March.

Convulsions in Children—Nitrite Amyl.—Nitrite of amyl is strongly recommended in eclampsia infantalis. Three drops are put upon a handkerchief, and the little patient inhales and is relieved.—*Med. Summary.*

Whooping-Cough (Convulsive stage).

℞	Hydrate of chloral	ʒ j.
	Brom. of potassium	ʒ ij.
	Syr. of wild cherry,	
	Aquæ	āā ℥ j.

M. SIG.—One teaspoonful three or four times a day for an infant six months old.

—*Med. Advocate.*

Sedative Mixture.—(Used in Charing Cross Hospital, London.)

℞	Chloral hydrate	gr. 1
	Tincture of belladonna .	minim 1
	Glycerine	minims 20
	Water	to dr. 1

Mix.—One dose for a child.

—*Med. World.*

Vomiting of Teething Children.—Lemon T. Beam, M.D., Johnstown, Pa., recommends the following:

℞	Subnitrate of bismuth . . .	ʒ j.
	Carbolic acid	gr. j.
	Mucilage of gum arabic . .	℥ ss.
	Aq. menth. pip.	ʒ iss.

M. SIG.—One teaspoonful every four hours to a child six months old—omit when relieved. Half an ounce of this mixture, three or four times a day, will relieve vomiting in pregnancy.

—*Med. Advocate.*

Bran for Constipation of Children.—Dr. V. Poulain writes that he has always found a tablespoonful of fine bran in bread and milk, night and morning, to be the best method of combating constipation in children, and it is very useful in conveying to the child silica and phosphates. The bran should be allowed to soak in the milk, and then, when warmed up to a little below boiling-point, it should be poured on the bread.—*British Med. Jour.*

Cholera Infantum—Chloral.—Chloral hydrate is said by Dr. Roberts Bartholow to be the incomparable remedy for cholera. In many cases of cholera infantum it certainly is of great service.—*Canada Lancet.*

Malaria Affecting Infants. — Prof. Parvin reports a case of intermittent fever occurring in an infant but one week old, which he cured by the rectal administration of a solution of quinine.—*Col. and Clin. Record.*

SURGICAL.

Foul Wounds—Hot Air.—Dr. Eshelby writes that on reading Mr. Leighton Kesteven's paper on antiseptic steam irrigation of foul wounds, he was induced to describe a method of treatment by hot air, which the author has himself used for some years in cases of chronic, indolent, and varicose ulcers. The plan is as follows: A box is constructed of well-seasoned wood, the floor consisting of three layers about an inch apart from one another. The outer one, of stout sheet zinc or tin plate, is that against which the flames of the spirit-lamps impinge; the middle is of perforated zinc; and above that is a wooden floor, also perforated by numerous holes. The apparatus is placed on the bed, and the limb is put into the box; two or three spirit-lamps are lighted under the zinc plate, and the temperature is raised within the box to as great a height as the patient can comfortably bear, and maintained for two hours; the process being repeated morning and evening. The wound is well cleansed by syringing with boracic acid before the limb is placed in the box, and after it is removed it is covered by a small piece of lint (just a little smaller than the sore) soaked in boracic acid. If the wound be very offensive, a little terebine should be sprinkled on the floor of the box, and in syphilitic cases calomel may be sprinkled on the zinc floor. The most obstinate cases of chronic ulcer have yielded rapidly to this treatment.—*London Med. Record.*

Caries of the Spine in Process of Cure by Sayre's Jacket.—Dr. Oxley (Acad. Med., Ireland) showed two cases that had been before shown to the Society, and they were again brought forward to give the members an opportunity of observing the progress made. In both the treatment had apparently been of the greatest service. One, a boy, was wearing an open plaster jacket, and he was able to walk in such an erect posture that no deformity could be observed when he was dressed. The second, a little rosy-faced girl, who had much more deformity, appeared without her jacket; she had travelled the other day from Aberystwith by herself. He should not allow them to leave off the jacket permanently for some years to come, but they were quite well enough to do without it temporarily. He

could not understand the objection which so many surgeons had to the method. He did not speak of it as a perfect method; it could not replace lost tissues; no method could do that; but he contended that it was the best there was before the profession. When he saw, in Manchester, that Dr. Sayre had introduced the best method of treating these cases, he (Dr. Oxley) took it up, and had treated hundreds of them.—*London Med. Press.*

Fractures in Syphilitics.—In a recent work on this subject Dr. Louis Gelle (*L'Union méd.*) draws the following conclusions on this subject: In hereditary syphilis one observes, in newly born children, two kinds of lesions, separation of the epiphyses, fractures (either juxta-epiphyseal or in the shaft), lesions which give rise to pseudo-paralysis. In older children, fractures which occur and consolidate spontaneously without specific treatment, just as in the case of healthy persons, though in some cases the children may have specific lesions, as gummata, etc., at a later date. Acquired syphilis, almost always in the tertiary period, (*a*) constituting a predisposing cause of fractures; a cause which appears in a number of spontaneous fractures, whether the syphilis causes a general alteration of the osseous system, as some rare cases seem to show, or whether it causes a local lesion which diminishes the resisting power of the bone at this point. (*b*) In a certain number of cases it retards the consolidation of fractures; sometimes it is a cause of pseudarthrosis, but in the majority of cases the fracture consolidates under appropriate treatment. (*c*) It may cause specific ulceration of the wound when the fracture is compound. (*d*) In some cases it may appear in the cicatrix, the callus forming a locus minoris resistentiæ. Syphilis appears, then, to play an important part in the causation of fractures, and may be manifested at a late period at the seat of an old fracture. In all cases, therefore, in which the fracture is out of all proportion to the traumatism, or in which consolidation is delayed or does not take place, the surgeon should ascertain whether he has not a case of syphilitic affection to treat, so as to aid consolidation.—*Midland Med. Miscellany.*

Severe Wound of the Ulnar Nerve and Artery.—Patrick L., æt. sixteen, waiter, while opening a bottle of porter on the evening of Nov. 10th, the bottle broke and cut him on the wrist. He was brought to Jervis Street (Dublin) Hospital. On admission he was found to have a wound about four inches long, going in an oblique direction across the palmar surface of the right wrist, severing the superficial layer of tendons, the ulnar nerve and artery, which was spouting. The artery was tied above and below. Dr. Meldon thought there was so much contusion of the parts that it was useless to suture the ulnar nerve, but it was brought into perfect apposition, and the wound washed out and dressed antiseptically and the parts relaxed by flexion. On the 13th he was discharged. On presenting himself on the 30th of November it was found that the wound was healing, and that sensation had returned to the parts supplied by the ulnar nerve.—*London Med. Press.*

Laceration of the Brain.—M. S., æt. thirty-five, room-keeper, while hanging out some clothes of a window on the third story overbalanced herself and fell into a paved court below. She was at once conveyed to Jervis Street, Dublin, Hospital. On admission she was insensible, and on examination was found to have two scalp wounds and an abrasion on the top of the head, but no fracture could be detected. Her pupils did not respond to light. Dr. Gunn was at once sent for, and administered a hypodermic injection of ergot, and ordered the head to be bathed and ice-bags applied. For three days she was insensible, during which time she had five fits of convulsions; she then went into a state of maniacal delirium, during which time she suffered from thirst and was constantly calling for drinks. She remained in this state for a period of three weeks, and then gradually improved until the 1st of December, when she was considered to have completely regained her senses, and is now convalescent.—*London Med. Press.*

Treatment of Enlarged Bursæ by Injections of Carbolic Acid.—Courtade (*Bull. gén. de thérap.*) favors treating these cases by aspiration and injecting a solution of carbolic acid, one to twenty. Firm compression is then applied, and the limb is kept quiet for several days. Symptoms of local inflammation may be noticed, but they soon disappear. This treatment is designed to take the place of incision of the bursa.—*N. Y. Med. Jour.*, March 14th.

Recovery after Secondary Amputation for Gangrene after Injury.—Mr. Rushton Parker reports the case of a man, aged fifty-three, who sustained an injury to his upper arm by which the humerus was comminuted, and the axillary vessels torn through, though the skin was not broken. When seen by Mr. Parker the arm was cold, but as the man was in too low a condition to stand an operation, and as the integument was whole, it was decided not to amputate. (The whole limb was enveloped in a Listerian dressing.) After six days the line of demarcation was well formed, and amputation at the shoulder was performed. No hemorrhage took place, and only some small vessels required to be tied—the main artery being already plugged. The man ultimately recovered; indeed, he seems to have improved daily from the time he was taken to the infirmary. This is one of those cases which might be more numerous, *where the knowledge* that we can keep a dead limb from putrefying by the proper application of antiseptics, enables us to delay operating till the patient has strength to bear the shock of the operation.—*Edinburgh Med. Jour.*

Anæsthesia — Caution.—Dr. Buck, London, says that if the patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage, through the pneumogastric nerves.—*London Lancet.*

Palato-Plasty.—Dr. Ulysse Trèlat has made an interesting communication to the Paris Academy of Medicine on this subject. After discussing his reasons at considerable length he lays down the following precepts:

1st. Plastic operations upon the palate should not be attempted at an earlier age than seven years. Before that time they are dangerous, compromising, or useless.

2d. Those who are to be operated upon should be submitted to a very careful education as soon as they pronounce their first words up to the time of operating, and the same should be persisted in after the operation. This is the only means of avoiding deception and hastening the period of functional cure.

In forty-six cases of this operation Dr. Trèlat has not lost one. He operates on his patients while they are in the horizontal position, the head hanging down over the edge of the bed; this draws the blood away from the œsophagus and bronchi, and it passes out through the nostrils where it can be sponged. Anæsthesia must be complete. The operator places himself behind the head of the patient, and during the entire operation the mouth is kept open by an oral speculum, which separates the teeth on either side and depresses the tongue. The operation should not take longer than thirty to forty minutes. The suture being firm and the parts yielding, the patient may be nourished on the evening of the operation by liquid food, which should be continued for ten or twelve days. In favorable cases a cure is effected in four days. Frequently the sutures have been removed on the third day, and never left to the sixth day. Careful treatment is continued for a week longer and the cure is complete.—*Jour. Amer. Med. Ass'n.*

Cause of Death in Anæsthesia.—Death under the administration of chloroform and bichloride of methylene is due to arrest of action of both heart and lungs; death under ether and nitrous oxide occurs through the lungs alone, the heart's action continuing for some time after cessation of respiration. Death from chloroform usually commences at the heart, and is instantaneous; whereas death from ether or nitrous oxide, commencing at the lungs, may often be averted by timely artificial respiration.—*Med. World.*

Epithelioma of the Toe.—Before a recent meeting of the Academy of Medicine in Ireland, Dr. Kilgariff showed a great toe removed for epithelioma of the matrix of the nail from a man aged sixty-two. It appeared two years ago. It had a villous appearance. Dr. Coppinger observed that the cells were of smaller size than were usually met with in epithelioma of the lower limbs, and there was less vascularity than usual. The history of the case pointed to a slow growth, which, after existing in the toe a long time, became ultimately malignant. — *Med. and Surg. Rep.*

Lactic Acid as a Caustic. — Von Mosetig-Moorhof (*Ctrlbl. f. Chir.*) applies the concentrated acid to fungous granulations, lupus, and epithelioma, in preference to any of the common escharotics, his reason being that, while it thoroughly destroys

not only the cells of the new growth, but also the stroma and nutrient vessels, it spares the healthy tissue. His method of making the application is as follows: The surrounding healthy parts are covered with a layer of simple cerate, then a piece of cotton saturated with the acid is placed upon the diseased tissue, and covered with goldbeater's skin, a bandage being applied over the whole; or a paste may be made of lactic and silicic acids, which can be spread over the affected surface. The bandage is removed after twelve hours, and a simple dressing substituted. The pain attending the application is said to be slight. From five to seven applications are generally sufficient for the cure of an ordinary case of lupus, and the resulting scar is invariably soft and smooth.—*N. Y. Med. Jour.*, April 11th.

The Treatment of Popliteal Aneurism.—In a paper in the *Archives générales de médecine* for March, 1885, Dr. Reymond Largeau advocates a return to the old method of treating popliteal aneurisms by ligature of both ends of the artery and opening of the sac. He relates the histories of twenty-four cases of this operation, collected from various sources, of which there were nineteen recoveries and nine deaths. Comparing these results with those obtained in other modes of treatment, compression, ligature of the femoral artery, etc., the author decides in favor of the old operation. He concludes that it should always be selected in traumatic aneurisms; in diffuse aneurisms on the point of rupturing, or when suppuration has occurred; and in circumscribed aneurisms, when compression has failed, without waiting for the tumor to attain a great size.—*N. Y. Med. Record*, April 11th.

Syncope during Anæsthesia.—Dr. Albert I. Garland, Oamaru, New Zealand, writes: The cases of death from chloroform reported by Mr. Maylard in the *Journal* of October 25, 1884, forcibly remind me of the cases I reported in the *Journal* of April 19, 1884, which I treated successfully by inverting the patient; and my object in referring to it is to impress on my professional brethren the efficacy of that treatment. I note that Mr. Maylard raised the foot of the bed, but this is scarcely sufficient, as it is necessary to stimulate the nerve-centres by an immediate return of the blood by gravitation, an end which is at once achieved by lifting the patient's body by the legs until the head is the lowest part of the frame, which is perpendicular, but reversed from the normal state. The result in my case was so satisfactory that I shall be glad to hear of this treatment having been adopted by others, as I consider it the surest means of saving life in these distressing cases.—*British Med. Jour.*, March 28th.

Cold Abscesses. — Dr. A. Morgan Vance recommends the treatment of cold abscesses by repeated aspiration of their contents, combined with the internal administration of tincture of the chloride of iron and quinine. Three cases are noted by Dr. Vance in which this treatment was used with success, the patients having entirely recovered in from one to three months.—*Med. Bulletin*, April.

Method of Anæsthetizing.—Under this title, M. Columbel (*Lyon med.*, No. 41, 1884) recommends the injection of a Pravaz syringeful (1 to 1.5 grammes) of the following: ℞. Atropiæ sulph., 0.02; morph. hydrochlor., 0.20; aq. destillat., 20.00. This to be given twenty to twenty-five minutes before the chloroform. The atropia lowers the irritability of the pneumogastric, and prevents the inhibitory effect of the chloroform on the heart. Eight hundred cases have been successfully anæsthetized by this method in Lyons.—*N. Y. Med. Record*, April 4th.

Charcot's Disease. — Mr. Catkin showed the Society a case of Charcot's joint-disease occurring in the practice of Mr. A. Jackson at the Sheffield Infirmary. The patient, a joiner, aged thirty-seven, with a previously healthy history, applied at the infirmary some months ago with a painless swelling of the knee-joint. It was thought to be an uncommon state of things at the time, as moist sounds, etc., were to be heard at the apices of the lungs. It was at first diagnosed as hydrarthrosis in a tubercular subject. Afterward, the state of his pupils attracted attention in the out-patient room, and all the commoner symptoms of locomotor ataxia were discovered. The relaxation of the ligaments of the knees was less marked in the right knee. Mr. Catkin considered that this case, as well as the one brought forward by him two years ago, effectually negatived the friction traumatic theory. The joint lesion in the first case came on whilst lying in bed with a "nerve

cyclone," and in this one the arthropathy preceded the ataxia.—*London Lancet*, April 11th.

French Treatment of Furuncle.—The following treatment of furuncles is highly recommended in the *Revue médicale*. The boil itself, and the inflamed zone surrounding it, are covered with a soft paste of honey and powdered arnica-flowers spread upon linen. The application is renewed every two hours until the pain and soreness have entirely disappeared, which they do by the second or third day at the latest. If the application is made in the initial stage, the boil is aborted within twenty-four hours. —*Popular Sc. News*, April.

Rice as Styptic.—Powdered rice as a styptic remedy has a great effect on fresh wounds, much superior to oxide of zinc. By mixing from four to eleven per cent. of it with lint, and using the lint thus treated as a compress, it is very effectual and more valuable than subnitrate of bismuth, salicylic acid, or carbolic acid.—*Dublin Jour. Med. Science.*

Convenient Antiseptic Solution.—A convenient way of keeping a bichloride of mercury solution for use is to make an alcoholic solution of the strength of a drachm to the ounce; one drachm of this solution in a pint of distilled water represents a one-in-a-thousand solution of the bichloride.—*Med. World*, April.

Oxide of Zinc for Wounds.—Oxide of zinc, according to Professor Peterson, of Kiel, is just as *good as iodoform in the treatment of wounds*, is not poisonous, is cheaper, and does not smell offensively—*Va. Med. Mo.*, April.

Treatment of Wounds.—All wounds involving more than half an inch in depth should be treated with drainage-tubes, and frequently dressed with antiseptics.—*Med. World.*

Malignant Tumors—Discutients.—Glaerocke suggests subcutaneous injections of iron for malignant tumors, but Rossbach claims that they may be digested by papayotin.—*Western Druggist*, April.

Torsion of Arteries.—Maurice Notta (see April. No. ANALECTIC), after sketching the history of this mode of hemostasis and describing the two methods of applying it, viz., the limited torsion of the English surgeons, and the unlimited torsion in which the torsion is continued until the artery separates at the point of twisting, formulates the indications as follows: *Its quality is proportional to the quantity of elastic element.* Hence where the vascular walls are destitute of their middle coat from pathological or physiological causes it is not best to resort to torsion. Therefore it is not applicable to the aged or those having atheromatous arteries nor to the small arteries.

He regards it as a mode of practice specially adapted to the needs of military service. The first time that one sees, and all the more practises, torsion of an artery, he experiences a certain emotion when he tells his assistant to stop the compression. It seems that when the blood wave comes, the twisted end, so thin in appearance, raised at each impulse, and beating regularly in the midst of the wound, must soon yield and give exit to a strong jet of blood. There is no such danger, and the farther from the moment of torsion so much the farther removed is the danger of secondary hemorrhage. In fact there is very quickly deposited a layer of fibrine at the site of the twisted extremity; a clot becomes organized, and the shock of the blood wave weakens more and more. It is then at the very moment when torsion has been made, nothing being interposed between the blood and the obturator spiral, that the danger is the greatest. If the twisted end of the spiral has resisted at this moment, it is theoretically impossible that it should give way later, since the shock to be sustained will become more and more feeble, thanks to the formation of the clot.

Experiments on the cadaver have demonstrated the security of torsion as a means of closing the lumen of an artery.—*St. Louis Cour. Med.*, April.

Cheiloplasty.—Dr. Robert Abbe presented to the New York Clinical Society, a patient, aged fifty, on whose face he had performed several plastic operations, following removal of the entire lower lip, four months before, for epithelioma, which extended outside the commissure of the lips on both sides. Photographs of different stages were also shown.

At the first operation a large V-incision was made, including the entire breadth of the disease, and pointing far below the chin. Then a longitudinal incision was made through each cheek, well back, and an inverted V-piece removed from each

side, above the cut, to prevent pouching when the lower flaps were dissected up and slid forward.

Ten days later, a slough had taken place, at the median line of the lower lip. After some time, a second operation was done to correct this gap of more than an inch. Its edges were pared, and a long horizontal cut was made, an inch and a half below the first, extending back to the parotid gland, and then curving upward to the level of Stenson's duct. The flaps were undermined, and again slid forward to meet. Union was good, but a fistula remained under the middle harelip-pin, which finally had to be closed by a horizontal rectangular flap from the front of the chin, that was swung into a vertical position to fill a gap made by vertical cuts, including the fistula and cictarix

The latter operation was done under hypodermics of cocaine, which worked most excellently. The ultimate result was very satisfactory.—*N. Y. Med. Jour.*, March 7th.

Subscapular Abscess.—Dr. Blodgett reports a very remarkable and interesting case in which an abscess occurred under the scapula (from injury), burrowed along between the seventh and eighth ribs, passed downwards into the abdomen, and opened into the intestine, without causing necrosis of the ribs or peritonitis.—*Edinburgh Med. Jour.*, April.

MISCELLANEA.

McIntosh Uterine Supporter—Union of External and Internal Support.—The abdomen is held up by the broad morocco leather belt with concave front and elastic straps to buckle around the hips. The uterine support is a cup and stem made of highly polished hard rubber, very light and durable, shaped to fit the neck of the womb with openings for the secretions to pass out, as shown by the cuts. Cups are made with extended lips to correct flexions and versions of the womb.

Salts of Copper in the Treatment of Scrofula.—Du Moulin (*Gaz. hebd. des sci. méd. de Montpellier*) concludes, from a series of observations, that the salts of copper have a specific action upon strumous affections, and asserts that under their use enlarged glands diminish rapidly in size, and scrofulous eruptions disappear. He used the sulphate of copper, dissolved in syrup.—*N. Y. Med Jour.* April 4th.

Imperfect Nutrition—Maltine with Pepsine and Pancreatine.—One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is maltine with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It is prepared by the Maltine Mfg. Co., of New York.—*Midland Med. Jour.*

Mellin's Food for Infants and Invalids.—The use of a cereal extractive, containing saccharine and gummy matters and soluble albuminoids as well, such as our great teacher Liebig advocated, is in accordance with the developments of science since his time. *The* MELLIN'S *is a genuine Liebig's food.*—Prof. A. R. Leeds, Ph. D., Stevens Institute of Technology, Hoboken, N. J.

Erythroxylon Coca and Vin Mariani.—"Vin Mariani" nourishes, strengthens, sustains, and refreshes; it has been prescribed throughout Europe since 1863, and is pronounced by every physician who tests it the most agreeable and efficacious of *all tonics* and *stimulants*, very palatable, and borne by the most enfeebled stomach where every thing else fails.

Alopecia.—For alopecia, Prof. Bartholow recommends the topical application of—

℞ Ext. pilocarpi fluid. . . . . f℥ j.
Tinct. cantharidis . . . . f℥ ss.
Lin. saponis . . . . . f℥ ijss. M.
SIG.—Rub into scalp thoroughly, daily.

—*Col. and Clin. Record*, April.

Brain Exhaustion—Vitalized Phosphites.—In those cases of nervous weakness superinduced by business worries, excessive use of tobacco and alcohol, and too great venereal indulgence, the vitalized Phosphites supply the elements which the system requires to make the necessary repairs.

Rachitis — Hypo-Phosphites. — In this disease the elements which enter into Fellows' syrup, especially those of iron, lime, and phosphorus, are particularly indicated, and its use is said to have proved very gratifying.

Lupus Erythematosus Cured by Arsenic.—Mr. Jonathan Hutchinson re-

ports an instance of cure of lupus erythematosus of the face cured apparently by the persistent use of arsenic continued for fifteen months.—*British Med. Jour.*

Hydrangea Arborescens.—The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal. Recently Lambert & Co., of St. Louis, have combined the active elements of the plant with lithia in a preparation called "Lithiated Hydrangea," which unites the virtues of both these remedies. Two cases of rheumatic gout with renal complications are reported, where this preparation in doses of a drachm, thrice daily, largely diluted, acted with prompt and satisfactory effect. The combination seems to us a happy one.—*Med. and Surg. Rep.*

Reverse Corsets.—These are especially indicated and practically invaluable, worn as an abdominal supporter during pregnancy. They take the tension from the abdominal muscles, and lessen the chances of varicose veins, renal troubles, and dropsies. Also useful in ovarian diseases.

Closed-Cell Pocket Battery.—The Smith and Shaw Electric Co. offer to the profession a variety of electric *novelties*, the merits of which seem fully attested by grateful patients, who claim great benefit therefrom.

Pepsin.—The merits of Carl Jensen's crystal pepsin, as a solvent in cases of coagulated blood in the bladder, for the solution of diphtheritic membrane, and for a variety of purposes, are set forth in preceding pages.

Fucus Marina in Malaria.—Fucus Marina must not be strictly considered as an antiperiodic, nor as a substitute for quinine, but rather as an ally of quinine, *possessing antidotal alterative properties which quinine lacks.*

Armed with quinine to check the periodicity and to lower the fever temperature, and with Fucus Marina to eradicate the malarial poison from the system, the physician is well prepared to fight the insidious malarial foe.—Dr. Lare, St. Louis.

Beef Peptonoids.—Comprise the nutritive constituents of beef and milk with gluten, in the form of powder, each ounce representing *ten* ounces of beef, wheat, and milk. While this concentrated food was originally designed by Mr. Carnrick for invalids and convalescents, we would expect, in case of war, to hear of large demands for it, for army use, and for use on shipboard, and in other places where its original constituents were inaccessible.

Foreign and American Mineral Waters.—As it may not be generally known to the profession that Scherer & Co., of this city, are the largest dealers in mineral waters for medical purposes, we take the liberty of mentioning the fact.

Lead-Poisoning—New Symptom.—M. Du Moulin (*Rev. de thérap.*) has discovered a new and valuable diagnostic symptom of lead-poisoning. This symptom, which was found in all the cases examined by him, consists in the production of a black stain in the epidermis, due to the deposition of the sulphide of lead, and can be obtained at will by applying to the skin a five-per-cent. solution of the sulphide of sodium or the sulph-hydrate of ammonia.—*Med. Bulletin*, April.

Emulsion of Cod-Liver Oil.—Among the great variety of emulsions, Scott's preparation maintains its reputation for elegance and palatal superiority, and its ready assimilation by the most delicate digestive organs.

Convalescence.—After a siege of sickness inducing debility, Reich's Hungarian wines have proved themselves to embody the essentials of a reliable tonic, as well as a most agreeable form of medication.

Effects of Breathing Illuminating Gas.—It is asserted that the presence of five parts of illuminating gas in 10,000 parts of air, can be breathed for hours, or even days, with impunity, from seven to eight parts in 10,000 cause indisposition; twenty parts produce dyspnœa, loss of muscular power, and uncertain gait; over twenty parts produce drowsiness; and beyond thirty parts more violent symptoms of carbonic-oxide poisoning, cramps, and urgent spinal and cerebral disturbances, and, unless removed from the vitiated atmosphere, death.—*Med. World*, April.

Coca Preparations.—Cassebeer's Coca Calisaya, Ferrated Coca, and Coca Ointment are extending the area of their usefulness, as the profession is becoming more acquainted with the true inwardness of this wonderful South American leaf.

Nestle's Milk Food.—This is another of the several successful Infants' foods offered as a substitute for mothers' milk. As warm weather is approaching, the virtues ascribed to this particular preparation will have ample field for proof in the usual increase of infantile diseases.

Lymphadenoma.—In lymphadenoma, following scarlet-fever, in a girl of seventeen years, Prof. DaCosta prescribed :

℞ Acidi arseniosi . . . . . gr. $\frac{1}{60}$
Ferri sulph. . . . . gr. ij.
M.—SIG. The pill ter in die.

Over the enlarged glands rub—

℞ Ung. iodi.,
Ung. belladonnæ . . . . āā ʒ ss.
Camphoræ . . . . . gr. v.
Mix.

—*Col. and Clin. Record.*

Waukesha Water.—As most of the zymotic diseases are attributed to the drinking of impure water, it is to be hoped the Wisconsin spring many hold out to furnish enough to head off the cholera, expected to visit these shores soon. If pure water is a prophylactic, nature has furnished it at Waukesha.

Lactopeptine.—This preparation closely imitates in composition the chemical elements of the gastric juices, the secretions of the pancreas, and of the salivary glands ; and long ago made its reputation among the profession as a first-class aid in the treatment of alimentary disorders.

Small Cancerous Tumors.—A correspondent advocates treating small cancerous tumors by arsenical paste, after a preliminary hypodermic injection of cocaine. He reports one case where this plan appears to have been efficacious.—*N. Y. Med. Record*, April 11th.

Extract of Malt for Children.—Trommer's preparations of malt may be medicated by the incorporation of pyrophosphate of iron, cod-liver oil, iodides, quinia, pepsin, etc., or given pure, and are prepared to meet a variety of conditions in which rapid assimilation is desirable.

Garbage—Destroy by Fire.—It has been suggested that all the garbage and waste matters of the smaller cities and the villages, where there is no system of sewerage, be burned. The suggestion is a most excellent one, that should be adopted in every town and hamlet. Every one knows that garbage, consisting of refuse animal and vegetable substances, is rendered innocuous and turned to ashes by the action of fire. Frequently the great bulk of the garbage prevents it being hauled away to such a distance as to prevent danger while undergoing the process of putrefaction.

Burning is the proper thing to do, and the ashes may be used as a fertilizer. In view of the fact that we are threatened with a visitation of cholera this season, it behooves every person to exercise the utmost vigilance in the matter of cleanliness, both of person and property.—*Sanitarian.*

Clinical Thermometers.—The Barry thermometer is an improvement on all others, the tube being flat on one side so it cannot roll off the table and get broken, while the lines and figures are so decidedly prominent as to be readily seen in any position in use. The glass is well seasoned before completion of the instruments, which are guaranteed for accuracy.

Comparison of Toxic Effects of Cocculus Indicus and Strychnia.—Dr. Francis L. Haynes gives the results of some experiments with cocculus indicus, and makes the following summary :

STRYCHNIA.

1. All stages of strychnism may be produced at will by the careful regulation of the dose.
2. The patient is perfectly conscious during the convulsions.
3. The convulsions are mainly tonic, as in tetanus.
4. Never causes vomiting.

COCCULUS INDICUS.

1. When a sufficient quantity has been taken violent convulsions occur without definite warning. They are explosive.
2. The patient is entirely unconscious during and after convulsion, as in epilepsy.
3. The convulsions are *mainly* clonic.
4. Frequently causes vomiting.—*Phila. Med. Times.*

Luminous Signs for Physicians.—The Morgan Luminous Sign Co., to judge from their letters and testimonials, do not intend there shall be any excuse for the modest M.D., or D.D., to "hide his light under a bushel." On the contrary, they propose to let his "name be seen of men," and by those especially who roam at night in quest of doctor or dentist. Their specialty is an excellent one, and they are being largely patronized.

Psoriasis.—Prof. Fournier, in treatment of psoriasis, uses a formula in which he combines chloroform and guttapercha with the remedy, as it forms a pellicle on the skin and keeps the medicine applied to the part, as follows:

℞ Chloroform . . . . . 8 parts.
Guttapercha . . . . . 1 part.
Chrysophanic acid . . . . . 1 "

—(Paris Letter)—*Phila. Med Times*, April 18th.

BOOK NOTICES.

Modern Therapeutics of the Diseases of Children; with Observations on the Hygiene of Infancy.—By J. F. Edwards, M.D., Associate Editor *Med. and Surg. Reporter*, etc., etc. Philadelphia: D. G. Brinton, 115 S. 7th St., 1885.

This work presents concisely, and in an admirable manner, the combined experience of the ablest physicians on both sides of the Atlantic in modern applications of therapeutics to the diseases of children.

It is a companion volume to Naphey's series of Modern Medical Therapeutics, and cannot fail to serve as a most valuable guide in treatment.

Reference to its pages is almost equivalent to holding a personal consultation with the distinguished practitioners whose opinions and formulæ are herein aggregated.

It is, by all odds, the best work on the treatment of children yet offered to the profession, and we cannot recommend it too highly, an opinion in which the profession of America will, we think, fully concur.

Amputations and their Complications.—A Treatise, by B. A. Watson, A.M., M.D.; Surgeon to Jersey City Charity Hosp., St. Francis Hosp., etc. Illustrated by over two hundred and fifty engravings. Philadelphia: P. Blakiston, Son, & Co. Price, $5.50.

This is certainly a first-class work, and, as the outcome of the author's experience during the War of the Rebellion, will attract earnest attention among American practitioners.

Nearly a quarter of a century has elapsed since the author's experiences as an army surgeon, and during this time he has acquired additional practical knowledge as surgeon to several hospitals, and has devoted the best part of his life in the perfection of this volume—the scope of which is much broader than might be inferred without careful examination.

This work is elegantly illustrated, and embodies a vast amount of new and practical information not elsewhere attainable.

We regard this volume as a fitting tribute to the progress of American surgery.

Diseases of Children.—By James F. Goodhart, M.D., M.R,C.P., Ass't Physician to Guy's Hospital, etc. Revised and edited by Louis Starr, M.D.; Clin. Prof. Dis. Children, Hosp. University Pa., etc. With formulæ. Philadelphia: P. Blakiston, Son, & Co. Cloth, $3.00; sheep, $4.00.

It cannot be expected that in this limited space we can give any adequate summary of the valuable qualities of this excellent volume.

Dr. Goodhart's reputation, in England, as a pathologist and clinician, warrant this work being Americanized, and the designs of the English author have been ably seconded by the American editor.

This book bears evidence throughout of the familiarity on the part of the author with his subjects, which have been brought abreast of the times.

The English edition of this useful work has met with unqualified praise, and we shall be disappointed if the American edition does not meet with commensurate appreciation, especially by the advocates of higher education.

The Physician Himself and What He Should Add to His Scientific Acquirements in Order to Secure Success. By D. W. Cathell, M.D., etc. 8vo., pp. 284. Baltimore: Cushings & Bailey.

Dr. Cathell's work has achieved merited success by the care with which each edition is revised, and the general good sense and proper spirit which animate the whole.

The book is full of valuable suggestions for the physician in all the walks of professional life. We heartily commend it to all, and especially to the young graduate.

Insomnia and Other Disorders of Sleep. By Henry M. Lyman, A.M., M.D.; Prof. Diseases of Nervous System, Rush Med. Col., etc. Chicago: W. T. Keener, 1885.

In this volume are discussed the nature and cause of sleep; the causes of insomnia; the remedies for the same; the treatment of, in particular diseases; and various views and theories regarding dreams, somnambulism, and hypnotism.

The author interpolates sufficient quotations from poetical lore and other productions, to make the book exceedingly good reading, as well as of practical use to the physician.

The Index Medicus.—A communication has been issued by the editor, stating that Mr. George S. Davis, of Detroit, has undertaken to publish the *Index Medicus* on the same general plan as it has been hitherto.

BOOKS RECEIVED.

Transactions of the New York State Medical Association. Year 1884. Vol. 1. Edited for the Association by Austin Flint, Jr., M.D. New York: D. Appleton & Co., 1885.

Diseases of the Eye—Clinical Studies.—By Ferdinand R. Von Arlt, Prof. Ophthalmology, Vienna. Translated by Lyman Ware, M.D., Ophthalmic Surgeon Presb. Hosp, etc., Chicago. Philadelphia: P. Blakiston, Son, & Co.

Dental Surgery for Practitioners and Students.—By Ashley W. Barrett, M.B. (Lond.), M.R.C.S., etc., Dental Surgeon to the London Hospital. Philadelphia: P. Blakiston, Son, & Co.

Compend. of Obstetrics.—By Henry G. Landis, A.M., M.D.; Prof. Obsts. and Dis. Women Starling Med. Col.; Author of "How to Use the Forceps," etc. Second edition, revised, enlarged, and newly illustrated. Philadelphia: P. Blakiston, Son, & Co.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE
EDITED BY
WALTER S. WELLS, M.D.

VOL. II. No. 6. June, 1885. WHOLE No. 18.

ZYMOTIC.

Alleged Cholera Vaccination.—Considerable excitement has been aroused in Spain, both within and without scientific circles, upon the alleged discovery of protective inoculation for cholera; and we read that already numbers of people (300 according to one report) have submitted to inoculation with the choleraic "virus" In spite of the statements made by Dr. Ferrán we would venture to submit that the fact of such protective inoculation is by no means proved, if indeed it be capable of proof. For, so far as we know, cholera has never been transmitted by inoculation, and cannot therefore be placed on the same footing as small-pox, anthrax, and other diseases, in which the blood is apparently the seat of the organized virus. Nor can it yet be considered as determined that the microbe discovered by Koch is the specific cause of cholera. We have so recently heard this latter point discussed, that there is no need to allude to it further; and it seems not only premature, but absolutely wrong, to promulgate the doctrine that cholera can be prevented by inoculation before these points are settled. The profession in Spain would do far more to protect their country from an epidemic if they urgently pressed on the authorities to undertake sanitary measures in the towns, than by lulling people into a fancied security by spreading the belief that inoculation will protect an individual from the disease. If cholera does visit Spain they will be wofully undeceived.—(Editorial) *London Lancet*, May 2d.

Neglected Nuisances and Typhoid.—If any point in the history of typhoid fever may be held to be established, it is the constant and essential relation which exists between that disease and the presence of sewage impurities. We cannot therefore but strongly condemn the blind neglect of cleanliness in a case which affords us the latest recorded illustration of this truth. The circumstances were the following: An inspector of nuisances at Darlaston was required by the Local Board of Health, at the instance of the medical officer of the Board, to clear away an accumulation of sewage matter at the back of a house in which there were four cases of typhoid fever. The medical officer and the Board in so doing were of course only taking the first essential step in the treatment of the disease, the removal of its cause. The inspector, however, had other views. He saw no need for interference, and left matters as they were. Under such conditions no remedies could be expected to effect their purpose, and we are not surprised to learn that out of four persons attacked by the disease three died, an unusually high mortality for enteric fever. It must be evident to all that the censure which this official justly incurred at the hands of his employers is but a light one, unless it implies an assurance that like offences will be prevented in the future.—*London Lancet*, May 16th.

Typhoid Fever—Large Doses of Bismuth.—Dr. Real (*Raccoglitore Medico*) treats typhoid fever on the disinfectant plan by giving bismuth in huge doses. He begins by giving an enema containing two and a half drachms of subnitrate of bismuth, and then administers the same remedy internally in doses of five to six drachms per diem. This quantity is divided into twenty-four portions, one of which is given suspended in mucilage every hour. If constipation occur, three or four drachms of sulphate of soda are given either by the mouth or the rectum. The patient is made to drink two or three quarts of milk a day, and some Vichy or other effervescing alkaline water, and may

also take two pints of beer or one or two ounces of brandy. Of sixty-two patients treated by this method but two died.—*N. Y. Med. Record*, May 23d.

Eucalyptus in the Treatment of Typhoid Fever.—Leighton Kesteven, of Brisbane, Queensland, having made an extended trial of eucalyptus in the treatment of typhoid fever, both in hospital and private practice, was so pleased with the favorable results obtained that he now warmly commends the drug to the profession for further trial. Of two hundred and twenty cases of the disease which he attended in about eighteen months, there were only four deaths. He gives ten minims of the drug every four hours. "Without being absolutely nauseous, however, this medicine does not agree well with all stomachs, but this difficulty can be entirely overcome by careful emulsification, and the addition of half a drachm each of aromatic spirits of ammonia, spirits of chloroform, and glycerine, the latter entirely removing the rough semi-resinous taste of the oil. The effects of this medicine are, in brief, the following: First, it steadily and permanently reduces the force and frequency of the pulse. Indeed in one or two cases I noticed this result obtained with almost marvellous rapidity; in one case in particular, the pulse, from being a sledge-hammer pulse of 120, went to 90 within an hour of the first dose of the medicine, and never went above 90 again. Secondly, lowering of the temperature. This occurs less rapidly, and (it has occurred to me) might be entirely secondary to, and dependent on, the lowering of the pulse. Thirdly, the beneficial effect on the tongue is very marked, almost immediately alleviating the distressing dryness so universal in typhoid, and removing the thick brown coating, leaving but proportionately little fur, and frequently cleaning the tongue entirely in a very short time. Fourthly, the skin, along with the reduction in its temperature, becomes moist and soft in contrast with the harsh, dry, hot skin so frequent and persistent, conferring a corresponding increase of comfort to the sufferer, who has previously felt as if his skin had been drawn tight all over his body. This alone is a boon to the patient of no small import." Concerning diet and general treatment, the author says: "In all severe cases I order whiskey from the commencement of the case till normal temperature is attained, giving on an average five to ten ounces per diem, usually in milk and soda-water. In ordinary cases I feed the patient on milk thickened with isinglass, beaten-up eggs, milk and soda, cocoa, and—where diarrhœa exists—ground rice and milk. In asthenic cases chicken-broth (concentrated to ten ounces of clear broth from a whole fowl) given in ounce doses to avoid filling the stomach with too large a quantity of fluid for weak digestion, the juice of half-cooked mutton, or beef tea made in a pot without water and strained through fine muslin. For the abdominal tenderness frequently changed ice-cold compresses, and ice to suck; ice to the shaved head for cephalalgia; and frequent cold packs from the head to the knees at any rise of temperature. All the linen is changed morning and evening, without ever altering the patient from the horizontal position. All nourishment is given in small quantities at short intervals, thus receiving better digestion than when given in larger quantities at longer intervals."—*N. Y. Med. Record*, May 30th.

Nitrite of Amyl in South American Intermittent Fevers.—In a paper on nitrite of amyl in *El Ensayo Médico* of Caracas, Don José Gomez Rosende says that in intermittent fevers, if administered in the first stage, it certainly stops the cold stage, and that when the hot stage comes on, followed by sweating, it brings the pyrexia to an end. It is, however, by no means to be looked upon as a specific, or as a substitute for quinine, though it has the power of controlling the most distressing symptoms of these fevers.—*London Lancet*, May 16th.

Diphtheria—Chloride of Zinc.—Wm. H. Jones, M.D., Jeffersonville, Fayette County, O., writes: For the last four years I have used this remedy as a gargle in this disease, and during that time I have not lost a case of diphtheria, although I have had many cases under treatment during that period.

On February 9, 1881, I was called to prescribe for the only boy of a widow, Mrs. G., who had lost two of her girls during the previous two weeks by diphtheria. Fever high; skin hot; tonsils largely swollen and covered with the whitish exudation peculiar to diphtheria. Then the question

arose, What can I use to save this little boy? and the thought struck me, the chloride of zinc will destroy the germs of the disease. I forthwith prepared a gargle of about four or five grains of the chloride to one ounce of water, and to overcome the obstinacy of the child I used force, and applied it with a swab. The next day I used the swab without force, for the patient was better and willing; I also gave the chlorate of potash in solution, together with a few drops of tincture of iron and sugar enough to make it palatable. The boy improved every day and was discharged on February 17th.

Members of my own family caught the disease and were treated in the same way and recovered, and in every case of a strictly diphtheritic character during the last four years I have used a gargle of two to four grains of the chloride to the ounce of water ordinarily, or swabbed when compelled to, as above, without any bad or unpleasant result; and, generally speaking, with a decided improvement of the case the second or third day, and the gargle has no disagreeable taste or flavor. I invariably forbid the drinking or eating of any thing for one hour after the use of the gargle or swab, and use the gargle or swab every three or four hours, so as not to produce too much irritation of the mucous membrane of the throat.

For the last twenty years I have used this remedy in a great variety of cases with great satisfaction and no unpleasant results; and with all due deference to the eminent gentlemen who have charge of the case of General Grant, I would suggest that if there is any reliance to be placed on the history of his case as it appears in the papers, this remedy deserves consideration, and would without a doubt prove beneficial. I am well aware that recent medical literature does not give it much prominence, but I know it is good, reliable, and efficient, and that it will not injure the vitality of the blood or the tissues, and yet has the power to destroy the parasite of diphtheria; it has been found to contain that specific quality.—*Cin. Lancet and Clinic*, May 9th.

Chloral Treatment of Diphtheria.—According to Dr. Galantin's work on the subject, the dosage should be six grains of chloral and six of chlorate of potash, to be given every hour to produce hypnotism; to children, two grains of each every hour; to infants, one fourth grain chloral with two grains bromide ammonium and two drops chloroform. Dr. Galantin proposes chloral as a specific, basing his opinion on experience and the anaplastic property of the drug. He gives it even if the temperature be subnormal and the heart feeble.—*St. Louis Med. and Surg. Jour.*

Scarlatina.—Dr. J. P. Matthews, of Carlinville, Ill., in his "Report on the Diseases of Children," before the Illinois State Medical Society, says that his observations have led him to believe that scarlatina originates *de novo*, or is evolved from some germ, and is propagated in favorable atmospheric or meteoric conditions.

The following is his method of managing this disease:

The treatment generally pursued is plenty of fresh air. Cool the surface, if the temperature runs high, by frequently sponging with dilute *cider* vinegar, and give drop doses of aconite tincture every hour. Anoint the surface, after sponging, with carbolized vaseline to allay the itching. The throat is sprayed with the following antiseptic mixture, using one of Rumbold's spray producers. This form of spray producer is used because the material can be used hot while it is sprayed:

℞	Acid carbolic	ʒ j.
	Potas. chlorat	ʒ j.
	Fl. extr. pinus canadensis . .	ʒ ij.
	Glycerini, pur	℥ ss.
	Aqua ferv. q. s. ad.	ʒ iv.

Mix.—Dissolve the potas. in the hot water before adding the other ingredients. This prescription is also used as a gargle or with a soft swab.

The following prescription is given throughout the disease to prevent the secondary septic infection, so frequently the cause of death where the throat is much involved:

℞	Tinc. ferri chlorid	℥ ss.
	Potas chlorat	ʒ j.
	Glycerini	℥ j.
	Elixir simpl.	℥ iss.

Mix.—SIG. Dose, a teaspoonful every two or three hours.

Some one of the preparations of bark is usually needed. The throat wash is used not only for its beneficial effect upon the pharyngeal inflammation, but to prevent the absorption of ichor from the ulcerating tonsils, which, as hitherto mentioned, is regarded as the most dangerous result of the disease. It is also for this reason that

the tincture of iron is given. Not that the tincture has any specific effect upon the disease itself,—which I do not think has a tendency to destroy life *per se*,—but for its effect upon the blood and lymphatics in preventing the ichorrhæmia. It is given for the same reason that a surgeon would give it prior to performing a grave surgical operation. Not as a germicide, but to prevent germ propagation.—*St. Louis Med. and Surg. Jour.*, May.

Ice as an Antipyretic.—Dr. Stephan, of Ilsenberg, has proposed a novel method of reducing febrile temperature by the application of ice bags to the neck and supraclavicular space, made so as to fit closely to this region. The great number of large superficial vessels in this locality of course renders the latter peculiarly eligible for this topical application. Stephan has treated several typhoid-fever cases in this manner, and never had to deal with high temperature nor grave nervous symptoms. The simplicity of the treatment and ease of its application, ought to induce to a trial of Stephan's method.—*Allg. Med. Central Zeitung.—Therap. Gaz.*

Melanosis.—M. Bard says that melanosis is a parasitical disease, and that the pigmentary matter is made up entirely of spores.—*N. Y. Med. Record*, May 16th.

NEUROTIC.

Glioma of the Brain.—Dr. N. Dodge, of Milwaukee, sends a report of the following interesting case. In January, 1883, he was consulted by Mr. H——, a clergyman, who stated that three years previously, after an unusual mental effort, he was suddenly seized with an epileptic attack of great severity. Since that time he had had several convulsions of mild type and ocurring at long intervals. He had taken large quantities of bromide of potassium and had made a voyage to the Azores, but without obtaining any relief. At the time of the consultation he had not had a fit for several months, but suffered from a tremor of the left hand, which was increased by attempts at voluntary motion and by mental excitement. There was no paralysis, the various reflexes were normal, vision was unimpaired, and the optic nerve presented a healthy appearance. Headache of a deep-seated character, not constant, was a prominent feature in the case. At times there were ringings in the ears, and a feeling of impending danger. The patient had a peculiar, excited manner, but he reasoned well on ordinary topics, and showed slight, if any mental impairment. There was a history of nervous disorders in his family. Dr. Dodge diagnosed disease, probably tumor, of the right side of the brain near the base, and advised absolute rest, and put the patient on general tonic treatment. The absence of mental symptoms and of disturbance in articulation, and the subsidence of the convulsive attacks, seemed to exclude sclerosis. The patient was not seen again until the following spring, at which time he presented a marked aggravation of all the previous symptoms. The tremor now involved the entire left side, was rhythmical in character, and absent only during sleep. The patient was now also much changed in manner and disposition, and could with difficulty continue a conversation on one subject for any length of time. From this time he continued to grow rapidly worse, until September, when he was taken with what appeared to be acute meningitis. During this attack, which lasted about two weeks, he became hemiplegic on the left side. He subsequently partially recovered from this attack so as to be able to walk with the assistance of a cane, dragging the left leg. The patient remained in this condition for several weeks, when he was suddenly seized with violent headache, symptoms of compression came on, and he died comatose in a few hours.

The post-mortem examination revealed a large gliomatous tumor of the brain, occupying nearly the entire under-surface of the middle lobe on the right side, sending prolongations to the frontal lobe and also encroaching upon the pons and right crus cerebri. The right optic track was also flattened by the pressure of the tumor, which invaded the brain substance to such an extent as to form the floor of the posterior cornu of the right lateral ventricle. The corpus striatum and optic thalamus were not involved in the morbid process. The hemiplegia was probably produced by pressure of the right crus cerebri. The interesting features of this case were the early and persistent tremor limited to the left side, and the absence of paralysis until late in the course of the disease.—*N. Y. Med. Record*, May 16th.

Hysteria — Emetics. — Dr. Peyton Turner says that emetics are of especial value in that class of cases of hysteria characterized by tendency of the paroxsysm to recur after consciousness has been established by the use of anti-spasmodics or the cold douche ; in fact, where the usual remedies fail, the emetic treatment is the most efficacious at our command, more especially when the paroxysms occur after the taking of food—*Texas Cour. Record.*

Acute Meningitis in Relation to Disease of the Nasal Mucous Membrane.—Jas. McNaught, M.D., M.R.C.S., Newchurch, near Manchester, writes : The case of meningitis related by Dr. Ogston in the *Journal* of May 16th, brings to my mind two nearly similar cases, both attended by fatal results. The first occurred some years ago ; the patient was a girl, aged fourteen, of unusual intelligence. She presented the symptoms usual in meningitis—intense headache, violent delirium, constant vomiting, etc.,—and, in spite of treatment, got gradually worse, death taking place in about ten days. What, however, brings this case into connection with that of Dr. Ogston, is the fact that, on the day of death, a very profuse fetid discharge of pus suddenly took place from the nostrils. No *post-mortem* examination could be obtained, but there can be little doubt that the meningitis had been set up by continuity from inflammation of the lining of the frontal sinus. In the second case, under my observation eighteen months ago, the symptoms and progress were very similar. There was nothing specially pointing to the frontal sinuses as in the former case, nor did I suspect they were particularly involved, until a profuse purulent discharge took place from the nostrils. Death occurred on the following day. No necropsy could be obtained.

The connection of meningitis with disease of the ear is sufficiently well known, but its origin from disease of the lining membrane of the frontal sinuses is by no means generally recognized. Much credit is due to Dr. Ogston for calling attention to this subject, for it is quite possible that early inquiries directed to the point, and careful attention to the symptoms, may enable us to distinguish these cases ; and that, by early trephining, or otherwise giving exit to the pus, a favorable result may be obtained.—*British Med. Jour.*, May 23d.

Treatment of Locomotor Ataxia.—Some recent communications (*Schmidt's Jahrbücher*) on the trea tment of tabes seem to warrant the hope that the gloomy view formerly held of the value of therapeutic measures may be dissipated. Eulenberg, whose diagnostic powers on this disease will not be questioned, has reported five well-marked cases in which an almost perfect cure was obtained. One woman, forty-five years of age, after treatment by hot water in Chapman's bag to the spine, and galvanism, improved greatly, and this improvement became still more marked when nitrate of silver was added to the treatment. In eleven months the only remaining symptom was paræsthesia of the right foot, and after five years a well-marked knee-reflex could be detected. Eight years later the patient was still in perfect health.

Eulenberg shows that, as a rule, no benefit can be expected from the internal administration of nitrate of silver, for the salt is decomposed, and forms an insoluble compound in the alimentary canal. The subcutaneous use is accordingly recommended, in ¼-to-½-per-cent. solution of nitrate in 1-per-cent. solution of the phosphate of silver, or in the form of solution of the albuminate. The latter causes less irritation. With this treatment should be combined sulphate of strychnia in 1-per-cent. solution subcutaneously, and the application of heat to the spine ; or, the nitrate may be made into pills with white clay, given on an empty stomach and followed by the drinking of milk. This forms an albuminate which is readily absorbed.—*Canadian Pract.*, May.

Tic Douloureux.—A man suffering with attacks of *epileptiform tic douloureux*, dependent, as was thought, upon an exostosis, was placed by Prof. Bartholow on—

℞ Potassii iodidi . . . . ʒj.
Sodii bromidi . . . . ʒij. M.

SIG.—Bis die.

—*Col. and Clin. Record*, May.

Reflex Paraplegia and Paresis.—Landry describes a case of paraplegia from flexion of the womb, and when the flexion was remedied, the palsy disappeared. And again, Rosenthal has seen a case of paresis of both lower extremities, which disappeared on a needle being extracted from the vagina. Althaus gives us a number of cases illustrative of this form of reflex paralysis.

We may note, among the causes of reflex paralysis, paralysis arising during disease of the genito-urinary organs; those paralyses which occur during or just after dysenteries, diarrhœas, super-purgations, or in connection with worms; such as arise during or after pneumonia or pleurisy; such as are seemingly brought on by dentition, diphtheria, fevers, and eruptive diseases; such as seem to be occasioned by cold, or by cold and moisture; such as are due to external injuries, or result from certain drugs; and paralysis due to great emotional disturbances.—(Dr. J. J. Caldwell, Baltimore) *Va. Med. Mo.*, May.

Sun-Stroke — Caution to Inebriates.—It is a fact not well understood that inebriates, under the influence of spirits, are especially prone to heat, apoplexy, and cerebral congestion. In most cases it may be safely assumed that sun-stroke is provoked by the use of alcohol, and where a case is found in the streets suffering from *coup de soleil*, he is both a neurotic and alcoholic. Hence the use of alcohol, where the person is exposed to the sun, is a source of great danger.—(Dr. Christie) *Journal of Inebriety.*

Chronic Meningitis.—A man, aged sixty-five, suffering from a *local chronic meningitis*, due to a fall, and of seven years' duration, was placed upon the following treatment by Prof. DaCosta:

℞ Acidi hydrobromici . . . . 3 ss.
Syrupi simplicis,
Aquæ destil. . . . . āā f 3 j.

SIG.—Ter die. The dose of the acid to be increased to 3 j ter die.

Purgation was indicated, and to this end was given:

℞ Podophyllin . . . . . gr. ½
Aloës . . . . . gr. j
Extract. hyoscyami . . . . gr. j
Ft. pil. No. 1.

SIG.—One each night.

—*Col. and Clin. Record*, May.

Paralysis due to Hypodermic Injection of Ether.—At a recent meeting of the Berlin Medical Society Dr. Remak exhibited a young girl who, after poisoning by carbonic-oxide gas, had received a hypodermic injection of ether, which was followed by a partial paralysis of the arm in which the injection was made. Dr. Remak held the opinion that the paralysis was not due to the carbonic oxide, nor to a traumatic lesion of the nerve, but simply to the action of the ether.—*Allgemein. Wien. med. Zeitung; Midland Med. Misc.*, May.

Uncontrollable Hysterical Vomiting — Cocaine. — Professor Kohler (*L'Abeille méd.*) has successfully employed cocaine in concentrated solution in several instances with noteworthy results. In one case he, without injury to his patient, sounded and dilated the larynx and trachea after application of the drug. In a second remarkable case, a hysterical woman was attacked with uncontrollable vomiting, from which she became so much reduced that to sustain her it became necessary to resort to peptonized enemata. The first application of the solution of cocaine enabled the woman to partake of liquids, and the second rendered the ingestion of solid food possible. On abandoning the use of the cocaine, the vomiting was at once renewed.—*Phila. News*, May 2d.

Paraldehyde in Delirium Tremens.—This new remedy has been found successful in the treatment of delirium tremens, after the failure of potassium bromide, valerian, hyoscyamus, and morphine to produce sleep. This agent is claimed to be an hypnotic, producing a perfectly natural sleep of from two to six hours' duration, from which the patient awakens without any sense of distress, headache, dulness, or nausea. It may be administered in the form of an elixir, two drachms of the drug being dissolved in an ounce of simple elixir and a tablespoonful administered, to be repeated when necessary—*Canada Lancet*, May.

Senile Dementia.—Dr. Henry Kennedy read a paper on senile dementia, which occurred in an old lady, eighty-six weeks subsequently to fracture of the neck of the thigh bone. After the usual remedies had been tried and failed, a course of the extract of hyoscyamus proved useful, and, on the addition of small doses of mercury, a complete cure was obtained, except that her sleep was not restored. This symptom, however, was at once conquered by placing the patient with her head to the north.—*British Med. Jour.*, May 9th.

Atropine in Epilepsy.—David (*Lyon. méd.*) administers to epileptic patients twenty grains of bromide of ammonium, and at the same time gives fifteen one-thousandths of a grain of sulphate of atropine night and morning. After this treatment

has been continued for six months, he directs that two of the following pills be taken daily for at least a year:

Valerianate of zinc	½ grain.
Extract of belladonna	1/10 "
Arsenious acid	1/100 "
Extract of gentian	q. s.

—*N. Y. Med. Jour.*, May 16th.

Chorea.—In the case of a young man, aged twenty-one, suffering from a well-marked attack of *chorea*, that could not be linked to any history of rheumatism, but possessing, as did his father, a most irritable temperament, to which Dr. Rex attributed the cause of the trouble, he prescribed:

℞ Potassii iodidi . . . . gr. vij.
Extract. cimicifugæ fluid. . gtt. xx.
Syrup. sarsap. comp.,
Aquæ . . . . . ää f ʒ j. M.

SIG.—To be taken ter die.

—*Col. and Clin. Record*, May.

Locomotor Ataxia—Chlor. Gold and Sodium.—Prof. Bartholow, at the clinic, advises, in the treatment of *locomotor ataxia*, nitrate of silver and the chloride of gold and sodium, preferring the latter remedy, since it is more serviceable and less risky. The dose of auri et sodii chloridum should be gr. 1/10 ter die, long continued.—*Col. and Clin. Record*, May.

Headaches.—Dr. Brinton says that the most common causes of headache are decayed teeth and inequalities of vision.—*Detroit Lancet*, May.

RESPIRATORY.

Pneumonia in New York.—The following article, by Dr. Peters, of New York, was recently read to the Legislature at Albany, by a committee of the Ladies' Sanitary Association:

"Up to twenty or thirty years ago physicians were almost as little afraid of pneumonia as of measles or croup. In those times pneumonia was a simple inflammation of the lungs; but gradually, as nuisances and foul air began to abound in New York, the type of pneumonia changed, as croup did into diphtheria, and that into a more malignant and virulent one, in which blood-letting, tartar emetic, etc., not only did no good, but went far toward depressing or killing the patients, and hence had to be totally abandoned.

"Next quinine was used as the best remedy against the effects of bad air or malaria; but although it would cure the malaria of swamps, or that coming solely from vegetable decay and decomposition, it was found powerless against the malaria caused by animal filth and decomposition, including that from garbage storage and neglect of human and animal filth and butchers' offal. Then beef tea and stimulants were resorted to, with even less good effect, and the most powerful tonic alteratives like iodine and arsenic.

"I have no statistics of pneumonia in the Nineteenth Ward, but every one may be sure that the mortality there is large. Dr. Austin Flint and many other distinguished consulting physicians now regard pneumonia, not as a simple, pure inflammation of the lungs, but as an infectious civic malarious fever, which will run its course, like measles or scarlet-fever, unchecked by treatment, but merely lessened or modified by it. The sole resort of many physicians now is to keep their patients alive while the disease does its best or worst, and are only too thankful to do that.

"The celebrated microscopist, Dr. Koch, has lately discovered the disease germ of pneumonia, and thinks, like diphtheria and consumption, it is spread by germs and is infectious. In fact, pneumonia has long been called croupous pneumonia.

"From nuisances like the East-side slaughter houses, numberless filthy stables, foul manure pits, and nasty out-door privies the air of great cities is so bad that few surgeons dare perform any important operation without the most careful antiseptic precautions. But pure air would do all, with little medical treatment. The removal of all the nuisances of New York, the greatest first, would at once lessen the mortality from all diseases, and the 10,000 lives which are unnecessarily sacrificed every year to foul air would be saved. If 10,000 people were to die of cholera in New York in one year, the whole world would be aghast. But the subtle poisonings, worse than those of the Borgias, which are going on every day from foul air excite little attention from a thoughtless public, and even the so-called Board of Health tells us that the mortality in the Fifth, Madison, and Park avenues is as great as in Mulberry, Baxter, and Jersey streets."—*Eastern Med. Jour.*, May.

Abortive Treatment of Pneumonia.—Dr. J. W. Brown has frequently suc-

ceeded in aborting pneumonia in the formative stage by the administration of—

℞ Ext. jaborandi fl. . . 3 iv.
Spts. ammonii aromat. . ℥xl.
Syrupi simp. . . . 3 iv.

M. SIG.—One teaspoonful every two or three hours to induce copious perspiration.

—*Med. Bulletin*, May.

Danger of Blistering in Incipient Pneumonia.—Two cases are reported by a correspondent of the *Bulletin général de thérapeutique*, Dr. Dejean, in which a blister applied to the chest before the arrival of the physician was rapidly followed by congestion of both lungs, pulmonary œdema, and death in a few hours. Both patients, a man and a woman, were in the first stage of pneumonia. A strong protest is made against the abuse of blisters, and especially by the laity.—*Phila. Med. Times*, May 16th.

Croup and Intubation of the Larynx.—Dr. F. E. Waxham read a paper on this subject at the Chicago Med. Soc. After giving an exhaustive summary of the many remedies for the treatment of this affection, the reader said that to Dr. J. O'Dwyer, of New York, belongs the credit of originating this bold and ingenious device for treating croup. Concerning this method he drew the following conclusions: 1. With a little dexterity and practice it can be easily and quickly performed, and without danger. 2. The patient is not mutilated or disfigured. 3. There is no wound to cause shock, or to become the source of septic infection. 4. The tube can be worn much more easily than the ordinary tracheotomy canula, and coughing and expectoration are just as easy. 5. It does not require the close care of a tracheotomy. 6. The air that reaches the lungs is warmed by its contact with the upper air-passages, and is not so likely to cause bronchitis or pneumonia. 7. Parents will consent to tubing much more readily than to tracheotomy. The tube is not liable to fill up with membrane, the length being such that it reaches almost to the bifurcation of the trachea.—*Jour. Amer. Med. Ass'n*, May 2d.

Pneumothorax for Hæmoptysis.—At the last meeting of the Clinical Society Dr. Cayley read a paper on a case of profuse hæmoptysis in which he had artificially induced pneumothorax with the express purpose of arresting the hemorrhage. We refer our readers to our report for the particulars of the case. The question which we have to discuss here is as to the wisdom and propriety of the procedure which Dr. Cayley so boldly adopted. It is well known that hæmoptysis is not seldom fatal in and of itself; it is also familiar to clinical physicians that hæmoptysis which threatens to prove fatal does not unfrequently become arrested by natural processes. Clinical knowledge can at present carry us no further. That the induction of pneumothorax should be a powerful remedy for checking hæmoptysis rests upon sound physiological data. By inducing pneumothorax the lung is placed *hors de combat*, its circulation is reduced to a minimum, its aspirating power on its contents is done away with, and the lung is reduced to the state of atelectasis of a fœtal lung. So that there is abundant physiological justification for Dr. Cayley's procedure. The presence of air in the pleural cavity cannot be regarded as a very dangerous condition, especially if the air be filtered so as to deprive it of its suspended organic particles, and in this connection the suggestion made by Mr. R. W. Parker, in the discussion which followed Dr. Cayley's paper, is worthy of special attention. But, again, the sudden induction of pneumothorax may, in virtue of its suddenness, be attended with such a physiological displacement or disarrangement of natural processes as to place the patient's life in jeopardy.—(From Editorial Comments) *London Lancet*, May 16th.

Pulmonary Hemorrhage—Arrest of Venous Circulation in the Limbs.—Dr. Curtis describes the following: He had a pair of ordinary shawl-straps punched with holes a quarter of an inch apart, and also braided three strands of rubber-tubing so as to make two cords, two feet long. To use he laid a folded napkin over each femoral vein, just below the fold of the groin, and adjusted the straps about the thighs as high up as possible, so that the buckles would be over the napkins. The straps were tightened then enough to stop the venous return without interfering with the arterial flow. Then the arms near the shoulders were bound by the tubing. The hemorrhage, in the case reported, was checked almost immediately. In about five minutes the straps and tubing were loosened, when the patient complained of a great shock to "the sore place," and

the bleeding recommenced. The same procedure checked it as before. In about five minutes the straps were loosened, a hole at a time, when no hemorrhage recurred. No less than fourteen hemorrhages were checked by this method. The respiration was greatly relieved by keeping an arm and the opposite leg strapped. As soon as a limb became cyanotic the strap was changed to the opposite side.—*N. Y. Med. Record.*

Bronchitis with Valvular Heart Disease. — Prof. Bruen, Phila., at his clinic, speaking of such a case, said :

My own experience in the treatment of simple bronchitis has been that the expectorants designed to increase secretion of the bronchial mucous membrane may be at first freely given ; but their use should not be prolonged, but should soon be substituted by the stimulative expectorants. I have found that if the bronchitis is not rapidly cured by these, but passes into a subacute condition, more can be accomplished by building up the general strength than by acting on the bronchial mucous membrane directly. In cases of cardiac bronchitis a great deal can be accomplished by building, not only by acting on the heart directly, but also by the use of such drugs as strychnia, arsenic, and iron.

We shall prescribe for this man the following pill :

℞ Strychniæ sulphatis,
Acid. arseniosi . . . āā gr. ss.
Pil. ferri carb. . . . grs. xxiv.
Oleo-resinæ capsici . . gtt. vj.
Extracti gentian. . . . grs. xij.
M. et. ft. pil. No. 24.
SIG.—One, three times a day.

An especial reason for using strychnia is that it increases the depth of the respirations, and thereby facilitates oxygenation of the blood, which is interfered with by the weak heart.—*Med. and Surg. Rep.*, May 23d.

Pulmonic Candles and Night-Lights.—The inventor (Dr. Wright) has had the ingenious idea of mixing with the candle or night-light certain drugs which, by being volatilized during the combustion of the candle, would diffuse throughout the atmosphere of the sleeping apartment such medicaments as may have a beneficial effect. It is easy to see that in this manner carbolic acid, eucalyptus, and many other drugs, might be diffused if they are not actually burned. How far they will prove of real service must be determined by experience, but the suggestion is novel, ingenious, and worth a trial.—*Birmingham Med. Review*, May.

Asthma—Morphia and Iodide of Ethyl.—According to Dr. Rodet, the best means of overcoming a paroxysm of asthma consists in subcutaneous injections of morphia and inhalations of iodide of ethyl. Twelve drops of the latter poured on a handkerchief and inhaled procure almost immediate relief. The different papers and cigarettes which have been recommended are worthy of a trial, but soon lose their efficacy. Between the attacks, a change of air and of occupation is often essential. In catarrhal asthma the treatment must be directed against the bronchitis and laryngitis, which are often benefited by a stay in a warm climate. According to M. Hardy, very good results are sometimes obtained by means of a blister applied to the thigh or arm. In nervous asthma, bromide and iodide of potassium are the most useful remedies, especially the latter. Gymnastics and baths of compressed air can also be recommended.—*Midland Med. Misc.*, May.

Chronic Nasal Catarrh and Bronchitis—Iodine Fumes.—Dr. J. G. Westmoreland, of Atlanta, Ga., thus concludes a paper on this subject : "Fumes make the only form in which a remedy can reasonably be expected to reach the small bronchia and lungs, and there is but one article belonging strictly to the class above alluded to which is subject to this form. Rosin, sulphur, etc., when heated pass off in fumes, but they are not proper local alteratives for the purpose ; iodine is an active remedy, and passes into fumes readily when heated. A simple but altogether sufficient inhaler may be made of a small, wide-mouthed vial, such as is used for holding morphine. When heated, with a few grains of iodine in it, fumes quickly appear and may be readily inhaled. The inhalation may be made through the nose, if disease exists in the nasal mucous membrane, otherwise the mouth will answer. The inhalation should be repeated in one to three days, according to the amount of irritation caused by the remedy.—*Atlanta Med. Reg.*

Cough Due to Elongated Uvula.—M. Monin (*Union méd.*) recommends the

following solution to be applied to the soft palate and back of the pharynx for the relief of the irritative cough due to the elongation of the uvula :

Hydrochlorate of morphine .	4 grains
Bromide of potassium . . .	1 drachm
Tincture of coca	2 drachms
Glycerine	1½ ounces

—*Midland Med. Misc.*, May.

Acute Coryza.—A correspondent from Prairie du Chien, Wis., Dr. A. F. Samuels, writes recommending highly the following preparation in acute coryza :

℞	Pulv. camph.	3 j.
	Chloroformi	3 j.
	Acidi benzoici	3 ss.
	Adipis	℥ j.

To be applied ad libitum in the nostrils with the little finger.—*Med. Review.*

Combination of Cocaine for Insufflation.—Schnitzler (*Ctrlbl. f. d. ges. Therap.*) suggests the following :

Hydrochlorate of cocaine . .	4 to 8 grains
Hydrochlorate of morphine .	3 grains
Subnitrate of bismuth } each .	75 "
White sugar . . . }	

Or the vapor of the following solution may be inhaled :

Hydrochlorate of cocaine . .	8 to 16 grains
Chlorate of potassium . . .	150 grains
Cherry-laurel water	5 drachms
Water	16 ounces

—*N. Y. Med. Jour.*, May 2d.

CIRCULATORY.

Hæmophilia.—Mr. J. Greig Smith reports two cases of hæmophilia, with remarks on the treatment of the affection. In one case, the blood which came from the wound was of the ordinary watery nature, as observed after considerable hemorrhage ; the hæmoglobin was only six tenths of the normal, and the corpuscles 1,600,000 instead of 5.000,000. One curious feature in this case was the fact that every large joint in the body has been affected at one time or another. Any little rough treatment would cause the joints to become distended, probably with blood. The joints usualy fill in few hours, cause much pain, and subside in a few days.

As regards the treatment of this affection, Mr. Smith's remarks are worthy of careful consideration. He does not believe in medicine ; the patient should be let alone, he thinks, except that absolute rest in bed, mentally and bodily, locally and generally, with milk diet, and very simple dressings lightly applied. The actual cautery, strong pressure, powerful astringents, and every thing tending to destroy weakened tissues, are to be condemned. Even a nasal plug, if necessary, should be of the lightest ; and it should be renewed once daily. He thinks that lint soaked in spirits of turpentine is the best local application. For constitutional treatment he has used gallic acid, in fifteen-grain doses every three hours, turpentine in dram doses every two hours, purgative salts and Rispini's styptic—all during the period of hemorrhage. The perchloride of iron may be given in the intervals. He regards opium as very valuable during the bleeding ; it quiets the patient, and thus gives physical rest.—*Bristol Med.-Chir. Jour.*

Endocarditis.—When endocarditis is found to be present, Dr. C. Paul, *L' Union méd.*, applies a large blister over the region of the heart, orders rest, and prescribes some cool acidulated drink. If the disease occurs with articular rheumatism and salicylate of soda or sulphate of quinine is found efficacious, its use is continued as long as the pulse is not too rapid and irregular. If, however, the heart's action is disturbed, tincture of digitalis is to be given in doses of twenty drops twice a day, and gradually increased to sixty or eighty drops. The dose should not be increased until two days have elapsed, and as soon as the heart's action becomes regular the remedy may be diminished in quantity or suspended. The tincture of convallaria maialis, in doses of seventy-five minims per diem, may be given in place of the digitalis. As soon as the pulse becomes regular, recourse must be had to tonics, and especially the soluble ferruginous preparations.—*N. Y. Med. Record*, May 23d.

Varicosity of the Lingual Vein as a Diagnostic Sign. — G. Cecil Dickson, M.B., Carnoustie, N. B., writes : Much has been written on what the physician may learn from an inspection of the cavity of the mouth, but I have found no reference in works on diagnosis to the state of the lingual veins being indicative of other more important vascular changes.

Under certain conditions, and especially in elderly persons, the ranine and lingual veins are remarkably dilated and varicose ; they are much enlarged, and present many bulgings, which extend in a racemose man-

ner to the edge of the tongue. This is most easily observed by directing the patient to place the tip of his tongue against his upper incisor teeth; the main vessels will then be seen, but the branches will be better observed by its being turned somewhat to one side. In the following two cases, this condition was most marked.

D. T. had, in 1880, when aged seventy-nine, an attack of right-sided hemiplegia, with aphasia; and, since then, had been liable to frequent attacks of unconsciousness, accompanied with lividity of the face, twitching of the limbs, and great irregularity of respiration. He was stout and florid. The lingual veins were remarkably varicose, and so large as to project from the edge and be seen from the dorsum. The pulse was weak and irregular. In 1884, he had senile gangrene of the right leg, and died six weeks afterwards in one of his convulsive attacks.

G. M., aged eighty-three, had an attack of aphasia in May, 1884. He recovered, but since then his face frequently became much flushed, and his speech confused. The lingual veins were much dilated and varicose, especially on the left side. The heart's action was weak and irregular, and occasionally there was a mitral systolic murmur. In February, 1885, he died in an apoplectic attack, accompanied with right-sided hemiplegia and cerebral breathing.

In these two cases the condition was evident, and although there was no necessity to indicate the exact lesion, yet death certainly resulted from vascular changes in the encephalon, probably either thrombosis or hemorrhage; and they indicate to us, what theory would also suggest, the diseases that are liable to occur when this varicose state of the veins is present. The lingual vein being a branch of the internal jugular, will indicate the state of the blood-current in it, and so will approximate to the state of the brain-sinuses, the veins of Galen, and, indeed, the whole intracranial venous system. Distension and varicosity of the linguals will become associated with passive congestion in them, precisely the conditions in which thrombotic and hemorrhagic lesions are apt to occur.

Its cause is indicated in these cases, as in several others I have observed, by the state of the heart, which was beating feebly and irregularly, just the condition which tends to produce venous congestion.

The appearance of the capillaries and veinlets in the nose, lips, and ears gives us a clue to the state of the circulation of the head; but the lingual vein, from its large size, is specially manifest, while, from being covered only by mucous membrane, it is clearly seen, and, moreover, by being thus so fully supported externally, it will most readily yield and bulge from internal causes. It is difficult to see what local causes in the mouth could induce it; and it is thus contrasted with the saphena vein, varicosity of which more usually arises from some pressure either in the limb or in the abdomen; and, also, the latter, belonging to the inferior canal-system of veins, will not indicate the cerebral state as the lingual.

Just as varicosity of the hemorrhoidal veins at the other end of the alimentary tract points out the state of the portal venous system, so a varicose condition of the lingual becomes indicative of a dilated state of the whole jugular system.

Like other diagnostic signs, there is a wide limit, varying at each age, within which this may occur in health. It is only an exaggerated varicosity that would seem to be prognostic. It does not always accompany the arcus senilis; that suggests rather arterial anæmia than venous hyperæmia.—*British Med. Jour.*, May 2d.

Abdominal Aneurism—Rest, Lead, and Ice. — Frederick H. Daly, M.D., writes: Mr. Hutchinson has directed attention to my case of abdominal aneurism, published in the third volume of the *London Hospital Reports*, and cured by lead, complete rest, and restricted diet, and the application of ice constantly to the tumor. It may be of interest to state that the patient was alive and well in 1872, six years after the treatment. He then left the neighborhood, but I have reason to believe that he is still in good health. I wish also to add that it was to Mr. Hutchinson's advice the cure was due in this case. I only carried out his recommendations.—(See *Br. Med. Jr.*, April 18th) *British Med. Jour.*, May 2d.

Gangrene of Jejunum after Compression of Aortic Aneurism—Caution. — This case was reported at the meeting of the Royal Medical and Chirurgical Society, on April 14th. Digital compression was kept up for four hours and three quarters. The aneurism was cured, but the patient died on the eleventh day

from gangrene of the jejunum.—*British Med. Jour.*

Hamamelis Virginica in Varices.—Dr. Tison has used the alcoholic extract of the bark and a tincture of the leaves of hamamelis virginica in varicose veins, with sufficiently encouraging results to induce others to try the same drug in this affection. Two pills, of the strength of one grain each, made out of the extract were given daily before breakfast and after dinner. In hemorrhoids, suppositories of 1½ grains were ordered, and applied morning and night. The tincture is applied locally, but diluted with equal parts of either water or alcohol, to lessen the irritating effect of the alcohol. A salve prepared from one drachm of the extract and six drachms of vaseline is also applicable.

From a number of cases reported by Tison we select several to illustrate the value of hamamelis.

1. A woman of forty-eight years of age had œdema of the legs and varicose ulcers, with tortuous and dilated veins. After the use of fifty pills and four ounces of the tincture of hamamelis the ulcers healed perfectly, and the swelling of the legs and dilatation of the veins decreased considerably.

2. An equally favorable result was obtained within four months, in the case of a man eighty years of age.

3. A man of forty years of age, with varices of the scrotum, was also cured in a short time.

4. An aged man, with dilated veins of the prostate gland, was speedily relieved by the suppositories of the extract of hamamelis.—*Therap. Gaz.*, May.

Intermittent Pulse—Atropia.—J. E. Callaway, M.D., says: My experience teaches me that sulph. atropia, "administered hypodermically in doses from one-sixtieth to the one two-hundredth part of a grain, will relieve this trouble (intermittent pulse) in from two to five minutes," and the happy effect of this remedy is maintained much longer "than a 6-3 (6-dr.) dose of alcohol," and the administration of medicine hypodermically is not likely to grow on the patient, as will alcohol. The sulph. atropia I find a most reliable remedy in a great many cases—in neuralgia, rheumatism, cramp colic, cholera morbus,—in fact, under most any condition where we desire to relieve pain and the remedy is not contraindicated, this is *the* remedy. I usually associate the sulph. atropia with sulph. morphia, in doses ranging from one-eighth to one-half grain. This I do, not for the soporific effect of the latter remedy, but to prevent the atropia from causing nausea and vomiting. The most convenient mode to administer the dose is in the form of hypodermic tablets, as manufactured by John Wyeth & Bro., Philadelphia, Pa. They answer a good purpose, too, administered per os, always dissolving them in a little very warm water before giving.—*Amer. Med. Jour.*, May.

Relations Between Syphilis and Aneurism.—In his inaugural dissertation Verdier (*Revue de thér. méd.-chir.*, 1885, No. 4) has come to the following conclusions. Syphilis is a frequent cause of various arterial lesions, which may be followed by a dilatation of the vessels. On an average, aneurisms appear about eleven years after the onset of the disease. Iodide of potassium is useful, but a complete cure is a rare occurrence, and the disease is often fatal.—*London Med. Record.*

Dyspnœa and Palpitation.—In a man æt. 60, suffering from great *dyspnœa and palpitation*, consequent upon cardiac hypertrophy with aortic stenosis, Prof. Da Costa advised—

℞ Tinct. veratri viridis . gtt. iij.
Syrup. zingiberis . . f ʒ j.
Aquæ . . . . f ℥ j. M.

SIG.—f ʒ ij to be taken until palpitation is overcome; then discontinue its use.

—*Col. and Clin. Record*, May.

Chronic Arteritis.—In the case of a man 58 years old, suffering with *chronic arteritis*, Prof. Bartholow prescribed—

℞ Ammonii carbonat. . . g. v
Liquor. ammonii acetatis . f ℥ ss. M.

SIG.—To be taken ter die, for some months.

In addition, he was advised to take, for his general condition, a drachm of compound syrup of the phosphates, ter die.—*Col. and Clin. Record*, May.

Chloroform Water a Hemostatic Agent.—Dr. Spaak (*Journal de médecine*, Brussels) employs 2 parts of chloroform to 200 parts of water as a hemostatic in operations on the mouth and throat, and claims that patients thus treated suffer but slight hemorrhage.

He also uses the chloroform water as a spray after excision of the tonsils. This

chloroform water seems to close the open mouths of all small blood-vessels instantly. —*Cin. Lan. and Clinic*, May 30th.

Soap in Blood.—F. Hoppe-Seyler, in the *Zeit. Physiol. Chem.*, states that a soda soap exists in the serum of blood and of chyle, and that it may be obtained by precipitation with alcohol and subsequent evaporation at a low temperature. Blood serum of the ox, horse, and dog contains 0.05 to 0.12 per cent. of the fatty acids of soap; human chyle 0.23 per cent. of soap and 0.723 of fat. Blood serum in a case of pneumonia contained 0.662 fatty acids of soap. The origin of soap in these fluids has not yet been accounted for.—*London Lancet*, May 16th.

Epistaxis.—Prof. Bartholow, for a case of frequent epistaxis, occurring in a young man of twenty-five years of age, recommended the following prescription, to maintain the tonicity of the blood—

℞ Ergotæ (aq. ext.) . . gr. ij
Ferri sulphat. . . . gr. j
Extract. nucis vomicæ . g. ½. M.
SIG.—In pill, ter die.

—*Col. and Clin. Record*, May.

Anti-hemorrhagic. — Five minims each of spirits of turpentine and tincture of hamamelis in an ounce of mist. amygdalæ may be given three times a day, with marked benefit in hæmatemesis, hæmoptysis, and menorrhagia.—*Texas Cour.-Rec. Med.*

ALIMENTARY.

Congenital Cyst of the Tongue.—J. Williston Wright, M.D., Professor of Surgery in the Medical Department of the University of the City of New York, Visiting Surgeon to Bellevue Hospital, etc., reports the following case: The patient was a healthy and well-developed girl, six years of age. At birth the tongue was somewhat larger than normal, and protruded slightly from the mouth, but did not interfere with the act of nursing, and did not seem to incommode the child to any extent until about two years ago.

On April 3, 1884, when I first saw the patient, the following notes were made of the case: American; aged six years; blonde, well-developed, in excellent bodily health. Tongue protrudes from the mouth two and a half inches beyond the incisor teeth, and measures five inches in circumference. Its surface is covered with large, dry, brownish-colored scales. Saliva constantly dribbles from the mouth. Speech greatly impaired. By making a great effort the tongue can be drawn into the mouth and the lips closed, but at all other times it hangs down over the chin, and present as most unsightly appearance. To the touch the tumor seems to be solid, and is possibly a simple hypertrophy, but an indistinct sense of fluctuation near its centre renders it quite possible that it may be cystic.

April 8, 1884.—With the patient under ether, two stout, slightly curved needles, each carrying a double silk ligature, were passed through the base of the tongue from opposite sides, and from above downward. The needles were then cut off, and one of the ligatures on each side tied with moderate firmness around the corresponding lateral half of the tongue, as a temporary means of controlling hemorrhage. The ends of the remaining ligatures were simply knotted together, to be used in case of necessity after the operation, for preventing the stump falling back into the fauces.

An incision was then made on the upper surface of the tumor, through which about three ounces of thick, yellowish, purulent-looking fluid made its exit. On introducing the finger into the cavity, its walls were found to consist of a thick, glistening, well-organized membrane, extending for some distance backward into that portion of the tongue which occupied the cavity of the mouth, and as the tongue was still greatly in excess of its normal size and length, even after the cyst had been completely emptied of its contents, it was decided to amputate at about the level of the incisor teeth.

This was accordingly done by making, with a long finger-knife, antero-posterior flaps and afterward dissecting out the posterior segment of the cyst. The vessels were then secured with fine carbolized silk ligatures, the temporary ligatures through the base removed, and the edges of the wound closed with several points of interrupted suture. With the exception of a temporary suppression of urine on the day following the operation, her recovery was rapid and satisfactory. Two weeks later I removed the first permanent molar tooth from each side of the under jaw for the purpose of allowing the front teeth to come closer together.

May 18th.—Since last report the patient has worn an elastic chin bandage, attached to a leather skull-cap, for the purpose of drawing the depressed chin upward into its proper position. The lips can now be closed with ease, and she talks so well that even a stranger has no difficulty in understanding every word she speaks.—*N. Y. Med. Record*, May 16th.

Pharyngitis.—Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half hour, oftentimes control acute pharyngitis and superficial inflammation of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of ammoniated tincture of guaiac, and administer every hour.—*N. Y. Med. Record.*

Postural Method of Treating Dilatation of the Stomach.—Peter Tytler, M.D., Surgeon to the Ardwick and Ancoats Hospital, Manchester, writes: A recent case, in which I had recourse to the above method of treatment, may perhaps be of interest. The patient had for some months suffered from debility and lowness of spirits, with loss of appetite, uneasy sensations in the epigastrium, and occasionally obscure pains in various joints. Prior to this, she had been in robust health, with excessive appetite, and used to amuse her friends by exciting splashing sounds in her stomach. When she came under notice, she vomited, every second or third day, semifluid, brown, yeasty matter. By applying a hand to either side of the abdomen, succession-sounds could be easily elicited. After trying various remedies, such as rhubarb and soda, etc., with only temporary benefit, I suggested washing out the stomach with a siphon-tube. As both the patient and her relations were not agreeable to this, I resolved to try the effect of posture in relieving the stomach. I made the patient lie on her back on the sofa for two hours after every meal, with a small pillow placed below her buttocks, and restricted the diet to fluids (milk and beef-tea). The effect of the first application of this posture was to cause vomiting almost immediately. However, I insisted on pursuing the treatment; and the vomiting soon ceased, and she began to feel better and less uncomfortable about the epigastrium. A tonic of iron and strychnine was given three times a day. After a little while, she was persuaded to go out, after applying a tight binder to the stomach, but still to keep on for some hours the postural treatment after eating. In the course of a few months, the patient had regained her old energy and spirits, but was advised to be still careful with her diet, especially as to quantity.

The *rationale* of this procedure is obvious. Owing to the relaxed and flabby condition of the walls of the over-distended stomach, the food comes to hang below the level of the pylorus in the flaccid sac, incapable of emptying itself in the ordinary postures of the body. By elevating the lower end of the abdomen, the contents of the stomach are brought on a level with the pylorus, and thus put in a position to pass on in the natural way.—*British Med. Jour.*, May 23d.

Carbolic Acid in Gastric Disorders.—Dr. Spencer Smyth writes that he has been in the habit for the past three years of giving carbolic acid, in grain doses, three times daily, for indigestion, accompanied by constant acid eructations with pain and vomiting. He has also prescribed it in seasickness, and in the vomiting of pregnancy, with good results. It may be given with opiates when there is much gastrodynia, and after meals; also with bismuth, nux vomica, etc., and in cases manifesting gastric ulcer. Patients suffering with flatulence have derived considerable benefit from its use; it being more readily taken than charcoal—*British Med. Jour.*

Intestinal Obstruction Treated by Washing out the Stomach.—Three cases of this description are reported from Küssmaul's clinique. It was resorted to in the first case for the relief of a patient whose stomach was distended with gas and fluid. It gave so much relief that it was repeated five times in twelve hours, and the patient was soon cured of his obstruction, although purgatives, enemata, distension of the bowel with air, and the administration of narcotics, had all been tried without any beneficial result. A second case was equally successful, although there had been a history of typhlitis two years before. A third case, where there was believed to be intussusception and gangrene, did not recover. Küssmaul recommends that this harmless proceeding should always be tried before proceeding to abdominal section.—*Edinburgh Med. Jour.*, May.

Hydrochloric Acid for Dyspepsia.—In the majority of cases of dyspepsia it is the hydrochloric acid of the gastric juice, and not the pepsine, which is deficient, and which is therefore much more frequently required, the dose being eight to ten minims of the diluted acid, in a glass of water after each meal. The old-established practice of giving acid mixtures in cases of fever—during which the activity of the gastric juice is impaired—is partly due to this circumstance. It must never be forgotten that hydrochloric acid may be indicated even when the gastric juice is very acid—as the result, for example, of acetic- or butyric-acid fermentation; for it takes a much greater degree of acidity to effect healthy digestion with them than with hydrochloric acid, the normal acid of the gastric juice.—*Med. World*, May.

Puncturing the Abdomen to Relieve Tympanitic Distension.—The President of the N. Y. Obst. Soc., Dr. W. M. Polk, had inferred from the reading of the minutes of the previous meeting that the members had considered puncturing the abdominal cavity for the relief of tympanites of doubtful propriety. He thought there were certain cases in which, other measures having failed, this procedure should be resorted to—for instance, in a certain case in which he had performed hysterectomy, the patient certainly would have died from pressure upon the vital organs from an over-distended abdomen had he not made several punctures of the abdominal parietes. The confined gas was about half an hour in escaping, and the measure was regarded as a risky one, but the circumstances justified it, and the patient recovered.—*N. Y. Med. Jour.*, May 30th.

Carbolic-Acid Enemata in Dysentery.—Schtchegloff and Kampf (*Ctrlbl. f. d. ges. Therap.*) report twenty cases of acute dysentery which were treated with injections of a solution of carbolic acid (one to five hundred), repeated two or three times each day. Only three of the patients were under treatment for more than four days, and five were cured in a single day. No general disturbances were noticed after the use of the acid. It did not act satisfactorily when administered by the mouth. Kampf is so enthusiastic as to regard carbolic acid as the specific in this disease.—*London Med. Record.*

Hypodermic Injection of Oil.—Dr. J. V. Shoemaker, of Philadelphia, read a paper at the Amer. Med. Ass'n, in which he reported the results of the administration of oil subcutaneously. Reference was made to the experiments of Mengel and Perco with the hypodermic injection of oil in dogs, which demonstrated the absorption of fat when thrown under the skin. Subsequently Krueg, in an insane patient who refused to eat, and Whittaker, in a case of gastric ulcer, utilized this new method of administration with highly satisfactory results.

Shoemaker had used it in a number of cases, and recommended its further trial. He gave a drachm of either olive or cod-liver oil, two or three times daily, in addition to ordinary diet. If other nourishment be suspended, the injections should be given every two hours. One or two injections of castor oil given in this way usually produce a purgative effect. A comparatively large syringe is required, and the injection can be given in any portion of the body well provided with cellular tissue.—*Phila. Med. Times*, May 30th.

Hemorrhage after Operations on the Rectum.—Mr. Samuel Benton brings to the notice of the profession a useful instrument for checking hemorrhage after rectal operations. It consists essentially of a piece of catheter tubing surrounded by a bag of thin rubber. When introduced into the rectum, the rubber bag is inflated to any extent required, and so a considerable amount of pressure may be brought to bear on the bleeding surface, in the same way that a similar apparatus is used for the relief of epistaxis. Mr. Benton's bag is constricted in the middle (like a Barnes' bag), so the amount of pressure on the sphincter will not be too severe. The catheter tube, by allowing the escape of flatus, contributes much to the comfort of the patient. The inventor considers that, in addition to its use as a hemostatic, it will prove serviceable in the treatment of some rectal diseases where even pressure is indicated, as in non-malignant tumors of the rectum.—*Brit. Med. Jour.*

Local Application of Cascara Sagrada in Constipation.—H. C. Glanville, in alluding to the fluid extract of cascara sagrada, which he considers the most reliable preparation, says: It acts upon the hepatic secretions and circula-

tions, the whole gastro-intestinal canal, stimulating its morbid condition and the neighboring glands to healthy action. As a cholagogue it is invaluable. In chronic constipation its action is good, producing full, easy, pleasant stools, without any tormina, tenesmus, or nausea. The liquid extract, combined with the tincture of iodine painted on the hypogastric region daily, until the bowels are moved easily, has given the same result after repeated trials on patients suffering from habitual constipation. As a remedy for dyspepsia it is superior to many others of its class, being pleasant to take, and producing no nausea. —*London Lancet*, May 9th.

Pinus Pumilio for Tape-Worm.—Dr. Howard Pinkney (*San Francisco Med.-Literary Jour.; Therap. Gaz.*) recommends the oil made from the pine-needle (*Pinus pumilio*) as an efficient tæniacide. The patient should take a teaspoonful of the oil at bedtime, after fasting all day, and the next morning two teaspoonfuls are administered, followed in an hour by a dose of castor oil. The drug is said to have an agreeable odor and taste, and to cause no unpleasant symptoms.—*San Francisco Med.-Lit. Jour.*

URO-GENITAL.

Papilloma of the Bladder.—At the meeting of the Cincinnati Academy of Medicine, April 20th, Dr. C. D. Palmer reported a case of papilloma of the bladder. The patient, a married woman, a multipara, aged fifty, passed the menopause, came to the doctor in January, 1884, complaining of dysuria, hæmaturia, and tenesmus vesicæ. On microscopical and physical examination, he found papillæ, blood corpuscles, and mucous strings, but no tube-casts. After a course of treatment, she was in the following March put under ether, the urethra dilated, the finger introduced, and a papillomatous growth about the size of a half section of a hickory nut removed by the finger-nail. The bladder was washed out, and the patient made a good recovery, remaining comparatively well for several months. Gradually, however, her old symptoms returned. These became so aggravated that the doctor determined upon another and more radical operation. In March last, one year after the first operation, assisted by Drs. Kehler, McKee, and Zinke, he made a vaginal cystotomy. A growth the size of the thumb was found and removed. The bladder was left open, and the urine allowed to flow at will. Patient had an elevation of the temperature for one day, other than which there were no untoward symptoms. She is now feeling quite comfortable again. The urine flows sometimes from the opening in the base of the bladder, sometimes through the urethra. The reporter spoke in favor of the vaginal cystotomy, compared with the dilatation of the urethra. The operation required less skill, it was done in less time, there was less danger attendant upon it, the recovery was more rapid, and the removal of growths much more satisfactory and thorough. Besides this, when there was present, as in many cases, a chronic cystitis, the rest given the bladder by the continual drainage of the urine was a great advantage. The cut was usually left open. It sometimes healed spontaneously, in other cases remained permanently patulous. That the patient would remain in her present favorable condition, the doctor was not ready to say. The papilloma he sometimes thought changed into the epithelioma.—*N. Y. Med. Record*, May 9th.

Impotency Due to Excessive Use of Tobacco.—Dr. J. J. Caldwell, Baltimore, reports the following case: Mr. M——, aged thirty, married, of our city, was referred to me one year ago as a case of impotency. I found him a hale, hearty man, well developed mentally and physically. His muscles were hard and elastic, and he was a great walker. He hardly knew what it was to suffer fatigue. All of his organs were well developed—especially those of the genito-urinary organs. After thorough inquiry, I found he was excessive in the use of tobacco, chewing and smoking to an alarming extent, and at times was in the habit of using alcoholic spirits too freely—all of which I forbade. I ordered for him a moderate diet and pills of damiana and nux vomica; also the daily application of the faradic stimulus to the cord and genito-urinary appendages. He was to abstain from all genital exercises. He continued under treatment for several months with most excellent results.

Tobacco and whiskey in excess are, in my opinion, a frequent and a potent inhibitor of the sexual act. — *Va. Med. Monthly*, May.

Spermatorrhœa — Atropia. — Dr. Nowatschek reports in *Schmidt's Jahrbuecker*, January, 1881, a case of spermatorrhœa consequent on typhoid fever, the diagnosis resting on the presence of spermatozoa in the fluid which was constantly oozing from the urethra. Iron, quinia, and cold applications to the genitals were tried in succession, with some success, but a cure was not accomplished. Lupulin, camphor, and bromide of potassium were without effect. Atropia was then employed, and the patient was completely cured in five days. The author cites a second case, where he was equally successful with the hypodermic injection in the perineum of a one-per-cent. solution of atropia. —*New Eng. Med. Mo.*, May.

Distilled Water in the Treatment of Renal Disease and Rheumatism. —Dr. E. P. Turner, of this city, writes: "I have been treating patients suffering from kidney trouble with distilled water for a year past, and with satisfactory results. In Bright's disease I restrict the patient to a milk diet, and direct him to take the water freely, from one to two quarts a day I have one case that seems to be nearly cured, and another which has surely improved, though under treatment but a short time. I also think the water is beneficial in rheumatism. I first used the distilled water on the theory that it added nothing irritating, is a good solvent, and would therefore relieve the kidneys of any irritant that water will dissolve. I mention this so that, if it is considered worthy of trial, it may have a fair test. I use it in preference to mineral waters, and believe it will have a better effect." Distilled water has been used quite extensively, in hospital and private practice in this city, in the treatment of Bright's disease. It is a good diuretic, and often improves the symptoms.—*N. Y. Med. Record*, May 9th.

Electrolysis in Stricture of the Urethra.—We have frequently had occasion to refer to the use of electrolysis in the treatment of stricture of the urethra. In the hands of some it has seemed to prove very beneficial, and converts to its merits are being constantly made. Dr. Robert Newman thus formulates the details of treatment:

1. Begin the use of electrolysis carefully; do not cauterize, only absorb; in many cases the current of six cells will suffice.

2. Regulate the power and current of electricity according to the susceptibility of the patient.

3. Repeat séances in intervals not too frequent in succession.

4. Do not grease the bougie with substances which are non-conductors, and would insulate.

5. Wet your electrode sponges with hot water; keep the plates in the battery fluid only during the operation.

6. Never use force with your bougie; never cause hemorrhage.

7. Do not operate while the urethra is in an acute or even subacute inflammatory condition, or when it is too painful.

8. Use your battery fluid weak.

9. Never use two bougies in succession with electrolysis during one séance.

10. Practise at first only one method—by absorption. "*Weak currents; long intervals.*"—*Med. and Surg. Rep.*, May 30th.

Lubricant for Catheters, Specula, etc.—Eighteen grains of boracic acid, dissolved in a drachm of hot glycerine, and added to an ounce of olive oil, make an excellent lubricant for catheters and bougies; it is stable, antiseptic, and non-irritating. It is also a good dressing for burns. It forms an imperfect emulsion and requires shaking up.—*Texas Cour.-Record Med.*

Treatment of Diabetes Insipidus.—Of the various drugs which are held to exert a curative influence upon diabetes insipidus, ergot has been successfully employed by various practitioners, such as Da Costa, Macaulay, Williams, and Lacy (*Schmidt's Jahr.*). Da Costa noted a very decided improvement under its use in five cases, and attributes this effect to capillary contraction in either the kidneys or the nervous centres. Given in a dose of 1 to 2 drachms of the fluid extract three times daily, the drug causes rarely any inconvenience. Valerianate of zinc and the tincture of valerian seem likewise to induce a favorable termination of this affection, if persisted in for a sufficient length of time. Such is the testimony of Lunin, Prior, and Cole, who used these drugs in a number of instances. Kennedy prefers the dilute nitric acid (f 3 i. to f 3 v. pro die in water), though admitting that this drug is apt to cause unpleasant after-effects, which are occasionally of sufficient gravity to forbid its continuation. Althaus and Clubbe found

protracted faradization of the renal zone or galvanization of the medulla oblongata to also give satisfactory results. — *Therap. Gaz.*, May.

Perineal Fistula — Iodoform and Zinc Pencils.—Obstinate urethral fistula in the perineum, following abscess and stricture, may often be successfully closed from the bottom, without operation, by the frequent introduction of an iodoform and zinc pencil, meanwhile emptying the bladder by means of a catheter, or, when that is impracticable, by directing the patient to pass all his urine while lying on his face. In this way the fistulous passage is kept free from urine, and has a chance of closing, greatly enhanced by the application referred to. Five grains of iodoform and three grains of oleate of zinc may be conveniently introduced by means of one of Swift's short vectors.—*Med. World*, May.

"Knee-Jerk" in Diabetes. — The presence of "knee-jerk" in diabetes mellitus appears to give a favorable color to the prognosis. A large proportion of cases presenting this patellar-tendon reflex recovered, whereas those in which this peculiar symptom was absent, were mostly fatal. Such are the apparent results of numerous observations made within the last three years by M. Bouchard.—*Med. World*, May.

Gout and Nitrite of Amyl.—William Donovan, L.R.C.P., Ed., Birmingham, writes: In the *Journal* of April 11th it is stated that "Messrs. Guiseppe & Sansone, of Turin, have discovered that the inhalation of a few drops of nitrite of amyl causes a larger quantity of uric acid to be passed." Now I should like to hear whether this fact will in any way influence the treatment of gout. It seems to me that any substance capable of largely increasing the excretion of uric acid from a system in which it is acting as a poison, must of necessity take a high place as a remedy for gout.—*Brit. Med. Jour.*, April 25th.

The Urine in Osseous Lesions.—The condition of the urine in osseous lesions has been studied by M. Verchère, who has formulated the following propositions (*La France médicale*, May 7th). The facts have been arranged into two divisions, according as the lesion is traumatic or inflammatory. The traumatic class is further subdivided into three groups. In the first group the osseous fractures were produced by insignificant causes, and examination of the urine showed that the discharge of phosphoric acid was much above the normal; consolidation of the fracture was not hindered by this excess of phosphates. The second group is composed of cases of fracture in which union was retarded; in these there was polyuria. In the third group there was delayed union with phosphaturia, which preceded the fracture and appeared to cause it. In inflammatory osseous lesions phosphaturia is the sign of a peculiar state of the system.—*London Lancet*, May 23d.

Bicarbonate of Soda in Suppression of Urine.—Bicarbonate of soda frequently acts like a charm in suppression of urine, from nephritis or other causes. A half teaspoonful, given in water every three or four hours, will restore the secretion in normal quantity and in its integrity. We have no explanation to offer of this singular action, but merely state the fact as worthy of further attention. This treatment has been successful even in the presence of anasarca, convulsions, and impending coma.—*Med. World*, May.

Uric-Acid Calculus.—We desire to place on record some particulars of one of the most remarkable calculi that the records of surgery furnish. It was removed by the high operation (Petersen's modification), lately, by Sir Henry Thompson, from a man aged sixty-two. The stone was of an oval form, of pure uric acid, without any phosphatic incrustation whatever. It weighs 14 oz .avoirdupois (405 grammes), and measures 4½ in. long, 3¼ in. wide, and 2⅛ in. thick. The operation was rapid, and performed without difficulty; and the patient's present condition is unusually good and promising.—*London Lancet*, May 2d.

Gout of the Testicle.—At a meeting of the Société Médicales des Hôpitaux (*La France méd.*), M. Guiot reported a case of swelling of the testicle in a gouty subject, or gouty testicle. This swelling disappeared at the end of a fortnight, during the development of gouty joint-inflammations. The gouty orchitis is not mentioned usually in the text-books; he only knew of one observation, which had been mentioned by Paget. M. Millard reported a similar condition occurring in his own person, preceding an attack of gout; it was a painful gouty orchitis without epididymitis.—*Phila. Med. Times*, May 2d.

Phosphatic Deposits.—A good pill can be made with five grains of benzoic acid and one minim of glycerine. This is a convenient way for giving it in phosphatic deposits.—*Midland Med. Miscel.*, May.

Cystitis in the Aged.—Dr. R. L. Moore communicates the following formula for cystitis in old men with prostatic enlargement:

℞ Tinct. belladonnæ (German)
Tinct. cantharidis . . . āā f ʒ j.
M. SIG.—15 to 20 drops, at 2, 6, and 9 o'clock, P.M.

—*St. Louis Med. and Surg. Jour.*

VENEREAL.

Syphilitic Disease of the Brain.—Dr. Althaus read a paper at the Medical Society of London on a case of syphilis of the brain. The patient was a clerk, aged twenty-eight, who had had a hard chancre about four years ago, and after having been apparently well for three years was affected with ophthalmoplegia of the left eye, and six months afterwards with hemiplegia of the right side. When admitted into the hospital he showed almost complete paralysis of all the muscles supplied by the third, fourth, and sixth nerves, including the iris and the ciliary muscle. The intellect was impaired; and there was incomplete hemiplegia of the right side. Dr. Althaus argued that this group of symptoms could only be due to syphilis. With regard to the hemiplegia, he laid chief stress on the age of the patient, the fact that there had been no apoplexy when the stroke occurred, and that the paralysis had been incomplete from the beginning. Ordinary hemiplegia did not occur in the prime of life, except where there was heart disease, or diabetes, or tabes spinalis, or alcoholism; it was almost invariably ushered in by apoplexy, and was complete at least for the first few days or weeks; nor was it accompanied with palsies of the ocular muscles. A peculiar symptom in the present case was an enormous exaggeration of the tendon reflexes in the palsied limbs, out of proportion to the degree of paralysis as well as of muscular rigidity which was present; and Dr. Althaus was inclined to consider this as a pathognomonic symptom by which syphilitic hemiplegia was distinguished from ordinary hemiplegia. With regard to the nature and seat of the pathological lesion, he argued that there was a gumma at the base of the brain, near the inner surface of the crus cerebri, close to the pons Varolii, which, by compression, had caused paralysis of the three cranial nerves mentioned, and by further extension later on to the crus itself, which contains the crossed pyramidal strands, caused softening of these parts and thereby hemiplegia. He concluded with some remarks about the prognosis of syphilitic lesions of the brain generally, stating that specific treatment was only successful in primary and truly specific lesions; but where a gumma had already caused wasting of the cranial nerves and softening of cerebral tissue—that is, secondary and non-specific lesions—no amount of mercury and iodide of potassium could effect a cure. From this he drew the conclusion that an energetic specific treatment should be adopted as soon as the slightest symptom of syphilitic brain disease was observed, so as to disperse the primary specific lesions and prevent the occurrence of incurable secondary lesions.—Dr. Clark asked whether headache had been present in this case. He believed that muscular tone exercised an influence on the deep reflexes. He had seen a case of hemiplegia in the course of renal disease in a young girl.—Dr. Althaus said that in aphasia, due to syphilitic lesion, the prognosis was gloomy. The deep reflexes were not exaggerated in the side which was not paralyzed. Cephalalgia was not present in this case.—*London Lancet*, May 9th.

Treatment of Secondary Syphilis.—A. Bernard, Surgeon to the Liverpool Lock Hospital, writes a note in which he advocates the early use of mercury in small doses. The use of mercurial fumigations, by means of the vapor bath, for papular eruptions and lesions of the mouth, he looks upon as desirable. In some cases, such as obstinate squamous eruptions, iodide of potassium administered in conjunction with the mercury is of benefit. Another mode of treatment, unfortunately objected to by private patients, is found in mercurial inunctions. It is the remedy *par excellence* for infantile syphilis. For local applications to lesions of the mouth a spray medicated with tincture of iodine (1 in 32) is highly prized in the hospital; and a mixture of finely pulverized iodoform and starch is very soothing to the painful ulcerations of the tonsils and soft palate.—*London Med. Press.*

The Pigmentary Syphilide.—In the April number of the *Monthly Journal of Cutaneous and Venereal Diseases* an excellent chromo-lithograph illustrates a brief original article by Dr. R. W. Taylor, New York City, on the pigmentary syphilide. Many authorities, both at home and abroad, now recognize the existence of a certain chromatogenous affection peculiar to syphilis, which is variously designated the pigmentary syphilide and syphilitic leucoderma. Dr. Taylor comes to the conclusion that syphilis frequently causes a deep cutaneous pigmentation, which occurs in spots without any affection of the skin between the maculæ; he believes, also, that syphilis may cause pigmentation and leucoderma in the same case, as well as an abnormal distribution in the amount of pigment normally present in a given area of skin, so that there is a preponderance of the leucodermatous changes as compared with the pigmented maculæ.—*London Lancet*, April 18th.

Syphilitic Ulceration of the Tongue—Chromic Acid.—Dr. R. A. Stirling, L.R.C.S., Surgeon to the Melbourne Hospital, reports the following: Miss K., æt. 22, domestic, contracted a chancre eighteen months ago. She has been constantly under treatment. She came to me February 1st, 1885, suffering from a large ragged ulcer on each sublateral surface of the tongue. These ulcers appeared three months previously, and are very painful during swallowing. There were two or three excoriations on the lips. The throat bears traces of having at one time been much affected. There is a papular syphilide on the backs of the arms only. I painted the glossal ulcers with chromic-acid solution (gr. x—℥ j.), and also the excoriations of the lips.

Feb. 3d.—The sores on the under surface of the tongue are all but healed. The acid again applied.

Feb. 5th.—She is now quite rid of her mouth troubles.—*Australasian Med. Four.*, April.

Syphilis in Hoofed Animals.—The Veterinary School of Madrid has reported that the disease from which solipedes are suffering in the district of Villarcayo (Burgos) is syphilis. It is feared that it may extend to animals whose flesh is used for food, and that syphilitic meat may be sold in the markets. A suggestion as to protective legislation, which is stated to have the approval of the Director of Charity and Health and of an other important official, has been made to the Royal Council.—*London Lancet*, May 2d.

Secondary Syphilitic Baldness.—This affection is characterized by an extensive and persistent loss of hair from the scalp, eyebrows, and eyelids, independent of any eruption of the skin, and distinct from the tertiary syphilitic alopecia resulting from cicatrization of ulcerations. It may be successfully treated by the topical application of the following ointment:

℞	Hydrargyri iodidi rubri . . .	gr. v.
	Attar rosæ	♏ ij.
	Ol. amygdalæ	♏ x.
	Unguenti simplicis	℥ j.

M.

For the eyebrows and eyelids, where the skin is more sensitive, the mercury should be reduced to one half the quantity. This treatment is usually satisfactory after about a month's trial.—*Medical World*, May.

Bougie Treatment of Chronic Gonorrhœa.—Every practitioner knows that a chronic gonorrhœa, with a thickened mucous membrane, narrowing of the urethral lumen—*i. e.*, incipient stricture—cannot possibly be cured by injections. Their effect is neither sufficiently powerful nor localized; besides, the stricture prevents the injected liquid from reaching all superior parts of the urethra, the frequent seat of a chronic stubborn gonorrhœa.

It is Unna's merit to have first introduced the combined effect of mechanical dilatation and the simultaneous therapeutical impression of astringent or disinfecting drugs.

His treatment consists in the introduction of tin bougies, properly curved, and coated with an ointment which dissolves only at the temperature of the body. His routine ointment consists of:

Ol. cacao	f ℥ iij.
Ceræ flavæ	3 ss.–3 j.
Arg. nitr.	gr. xv.
Bals. Peruv.	f 3 ss.–f 3 j.

He allows the bougie to remain in the urethra for two to fifteen minutes. The ointment melts wholly, of course, within two minutes, and fills the entire lumen of the urethra. Larger bougies are gradually introduced, until complete removal of the stricture has been accomplished. The stoppage of the gonorrhœal flux is rarely

difficult under this treatment, even in cases of very old standing. The so-called Swift's vectores, recently introduced to the profession in this country, are a decided improvement on Unna's bougies, as they consist of soluble bodies without any metallic axis.—*Therap. Gaz.*, May.

Syphilitic Gummata about the Knee.—Mr. J. W. Taylor (Midland Med. Soc.) showed a case of congenital syphilis in an adult, with gummata around the left knee-joint. These, which had been noticed from childhood, and at one time seriously interfered with locomotion, had greatly diminished in size under prolonged treatment; the tumors remaining had probably undergone changes preventing further absorption. Some syphilitic symptoms had been observed in children of the third generation.—*Birmingham Med. Rev.*, May.

Gonorrhœa and Chordee.—The following injection for gonorrhœa is recommended. It is claimed to be superior to any other single injection: Pulverized iodoform, twenty; acidi carbolici, ten; glycerini, eighty; aquæ destillatæ, two hundred.—*New York Medical Journal.*

Suppurating Buboes — Thermo-Cautery. — M. Martineau has recently treated suppurating buboes by means of the thermo-cautery, whereby an ulcer is formed which tends to heal rapidly.—*Edinburgh Med. Jour.*, May.

Cocaine in Opening Bubo.—A correspondent writes: G. L., æt. thirty-five, had syphilitic bubo, leaving extensive sinuses which ran in different directions down the thigh. Time gave no indication of their closing, and I concluded to open them. The party did not bear chloroform and it was decided to give cocaine a trial. A four-per-cent. solution was injected into the fistulous canals and held there about five minutes. The effect was excellent. Where pain was excessive from exploring with a slender probe before using the cocaine, after using I passed a grooved director without sensation, and the knife caused the smallest possible amount of pain—"less than a pin scratch," to use the words of my patient. I opened up between eleven and twelve inches of fistulous canals.—*Med. Age*, May 25th.

Hypodermic Employment of Iodide of Sodium.—Iodide of sodium in doses varying from 30 to 80 centigrammes to 1 gramme, dissolved in 1 gramme of water, is well borne. By the larger doses slight pain is occasioned, but no swelling or other local reaction. As much as 130 to 160 centigrammes may be given in this way where a prompt and powerful action is needed; this would be equal to four or five grammes by the mouth. Injections of iodide of potassium are not so well tolerated, and give rise to great pain and hardness at the site of injection. Intramuscular injections of bichloride of mercury, as used by Auspitz in the treatment of syphilis, cause no pain, and it is well to follow the same plan in injections of iodide of sodium. The patient at the most experiences for three or four minutes a sensation of burning. The gluteal region is the best site for injections.—*London Med. Record.*

Combined Administration of Belladonna and Iodide of Potassium.—Aubert (*Lyon. méd.*) affirms that the headache and coryza experienced after taking large doses of iodide of potassium may be entirely prevented by the judicious use of belladonna. In the case reported, eighty grains of the iodide were given daily, one grain of the extract of belladonna being administered in the evening. After a few days, the writer states, it is possible to suspend the use of the latter drug without any danger of a recurrence of the iodism.—*N. Y. Med. Jour.*, May 9th.

OPHTHALMIC.

Applications of the Antiseptic Method to Eye-Surgery.—Dr. Panas, the well-known eye-surgeon of the Hôtel-Dieu, spoke on this subject at the Academy of Medicine, saying, "I was an ardent partisan of Lister's method from the first, but I soon gave up the use of spray in ocular surgery. For my part, I am disposed to think that the only preparatory antisepsis for eye-operations should consist in thorough *lavements* with injecting instruments in the *cul-de-sac* and in all the folds of conjunctiva; sometimes even in the lachrymal passages; and when there is chronic catarrh of the parts that cover and are near the eye I do not neglect the nasal fossæ. All instruments, and in fact every thing needed for operations, should be plunged into some antiseptic solution that has no irritative quality for the eyes. They can be wiped off afterwards just as needed with

absorbent cotton that has been scorched over an alcohol flame. After a number of experiments, I have convinced myself that a solution in water, at ten thousand, of the bichloride of hydrargyrum, or a similar solution of the bi-iodide of mercury at twenty-five thousand, is much superior to any other antiseptic solution employed in eye-surgery. A litre of water will dissolve four or five centigrammes of the bi-iodide of mercury. The preparation of the solution can be made in two ways: either by allowing a quantity of the bi-iodide salt to macerate for a long time in cold water, shaking it from time to time; or by dissolving in water at 50° C. one gramme of the bi-iodide in twenty-five litres of the water, or in any proportional quantity. When I am called in town and have to prepare a solution, I substitute the following:

"℞ Hydrarg. bichloridi, . two centigrammes
Aquæ, one litre M.

"To this I add as much hydrochlorate of ammonia, or from two to four grammes of pure glycerin.

"The dressing after the operations is made with round bits of cloth that have a pomade of the bi-iodide on them, or they are dipped in a watery solution of calomel. (I find after the operation that the prolonged closing of the eyelids is advantageous.) The dressing should be renewed twice a day. I employ to cover the eyes, in place of Lister's gauze, simple carbolized cotton or the cotton with boric acid. This may be scorched a little. The results obtained by this system of eye-antisepsis have surpassed my best hopes, and erysipelas has been banished from our wards, while our operations cure without any accidents of any kind, including, as they do very often, such important operations as enucleation of the globe, extirpation of tumors, autoplasty, etc., all of which cure without any trouble."—(Paris Letter) *Phila. Med. Times*, May 16th.

Eye-Opener and Eye-Holder.—Dr. C. G. Roehr, of Milwaukee, Wis., writes that he has for some time used the ring on a button-hook for the purpose of fixing the eye so as to allow of working at or on the cornea, as in extracting a foreign body lodged there, or even for fixing the eye in operating. By sliding any ring (of about three-fourths inch diameter) under the eyelid, and having a handle so as to press it firmly against the eye, it will hold or fix perfectly the eye, allowing one to work at ease. This device has enabled me to extract any foreign substance from the cornea without the usual difficulty of the patient winking or moving the eye. It might be well to make the ring wide (say a flange above and below) to hold up and down the lids.—*N. Y. Med. Record*, April 25th.

Operation of Cataract by Extraction.—M. Panas said, at the French Surgical Congress, that ever since the invention of the method of extraction, eye-surgeons had oscillated between Daviel's operation and the operation recommended by Graefe, which was a modification of Daviel's. For two years, since we have all adopted the antiseptic method, the only objection that had been urged against Daviel's operation, which was its tendency to produce panophthalmitis, has disappeared, so that there is now a tendency to go back to the original operation instead of Graefe's, which had been universally adopted. Daviel's operation with the flaps, slightly modified, offers many advantages. In an æsthetic point of view there is no comparison between the two methods, as Graefe's operation sectioned the iris and Daviel's kept its normal shape intact. The issue of the vitreous is also less frequent, inflammation of the traumatized iris is less to be feared, and often the inflammatory process following the cataract, commencing by the inflammation of the cornea and going to the posterior chamber by the breach made in the iris, is avoided in the French method (Daviel's, as in it the iris, remaining intact, forms a wall that separates the cornea from the posterior parts. He thought also that the patients could see much better.

Alongside of these advantages there are but few disadvantages. With antisepsis, inflammation is not to be feared. But he stated that Daviel's operation is a more difficult one than Graefe's. Employing cocaine, however, will permit the surgeon to operate without pain mostly, and allow one to take time. It has been said against Daviel's operation that there was danger of hernia of the iris, but this can easily be prevented by cutting the flaps longer.—(Paris Letter) *Phila. Med. Times*, May 16th.

Extraction of Hard Cataract.—At the January meeting of the Congrès de la Société Française d'Ophthalmologie, Galezowski's method for extraction of hard

cataract, which, according to that operator's statistics, has given such brilliant results, was discussed at length.

The method of operation is as follows:

1. The eyelids are separated with the articulated blepharostat, and the globe seized below the cornea with forceps to render it steady.

2. With a very delicate Graefe knife he punctures at the junction of the transparent cornea with the sclerotic, about one-eighth inch above the horizontal diameter.

3. He then introduces the point of the knife below the pupil, and incises the capsule from below upward in a semicircle. He then makes counter-puncture on the side opposite the corneal border, an eighth of an inch above the horizontal diameter.

4. He then incises the cornea one twelfth of an inch from the sclerotic border.

5. The blepharostat and forceps are then removed, and the eye permitted to rest.

6. The upper eyelid is then elevated with the little finger of the right hand, and at the same time the curette is applied to the sclerotic border of the wound.

7. With the thumb of the left hand he then presses upon the lower border of the cornea. The crystalline lens is engaged and escapes without difficulty.

8. The iris frequently returns of itself; if not, he replaces it with a fine silver stylet.

9. A collyrium of eserine is next applied to the eye.

10. Carbolic-acid spray is directed upon the wound for one or two minutes, and antiseptic carbolic dressing applied.

M. Galezowski considers the use of the carbolic spray as very important for the cure of the corneal wound.—*Midland Med. Misc.*, May.

Eye Diseases in Relation to General Diseases.—Dr. H. Macnaughton Jones, speaking of the therapeutics of eye diseases, says: Obviously our prognosis and much of our success in dealing with many local affections will depend on the correct appreciation of the influences operating both in producing and aggravating these. This influence on treatment can be best realized if we classify the most important morbid states of the eye which are induced by diseases of remote organs. Taking first the *digestive system*, we find as the result of diabetes cataract, iritis, retinitis, optic neuritis, retinal hemorrhage. Gout causes conjunctivitis, iritis, retinitis, hemorrhage infarctions. Diarrhœa and dysentery induce cataract. Hepatic congestion and icterus bring about various visual aberrations, retinal hyperæmia and hemorrhage. During dentition occur phlyctenular states of the conjunctiva and cornea, lenticular degenerations, while later on from caries of the teeth arise different reflex disturbances, as for example mydriasis and myosis, amblyopia. The pupil is also affected, and retinal congestion may arise from the presence of intestinal worms. When we turn to the *circulatory system*, we find arterial and venous pulsations in the retinal vessels, retinal hyperæmia, hemorrhage infarctions, detachment, embolus of the central artery, thrombosis, and optic neuritis, as the results of cardiac disease, principally mitral-valve disease and hypertrophy. Aortic and other aneurisms, and atheromatous states of the arteries, cause retinal apoplexies and intra-ocular hemorrhage, and are occasionally accompanied by myosis or mydriasis. Albuminuria has following in its train retinitis albuminurica, papillitis, retinal hemorrhage and detachment, hyalitis and hemorrhage into the vitreous, glaucoma, and optic atrophy. Anæmia, chlorosis, and leukemia, in their aggravated and pernicious forms, are occasionally attended by papillitis, hemorrhage, and embolus of the central artery. Embolus may also accompany violent hæmatemesis, hæmoptysis, or menorrhagia. Ovarian and uterine disorders are the sources of retinal mischief much more commonly than is suspected. The derangements most likely to affect the eye are ovaritis, suppressed, irregular, and excessive menstruation, uterine tumors, and the pregnant state. The latter condition, through the low tension or high tension of the blood-vessels, the existence of albuminuria, the excess of fibrine, the excessive reflex irritability of the nervous system, is productive of all the complications which result from the albuminuric state, while retinitis and optic neuritis, hemorrhage, embolism, hyalitis, are occasionally caused by ovarian and menstrual derangements.—*Louv. Med. News*, May 23d.

Inverted Eyelash Causing Conjunctivitis.—At Prof. Agnew's clinic came a patient who had been treated in Europe for acute conjunctivitis several times, and it is possible that the eyelash was on those occasions the cause of all the trouble. An

operation will be required to destroy the follicle which produced the misplaced eyelash. So, when a patient comes to you complaining of a sensation as though there were a foreign body in the eye, between the eyelids and the eyeball, you must first look for conjunctivitis. Whether this be present or not, you should then proceed to examine the eye very carefully to see whether a foreign body be present or not. Scan carefully the whole surface of the cornea and of the scleral conjunctiva, and then turn over the upper eyelid and carefully inspect its inner surface. You may then scrutinize the edges of the lids, in order to see whether the source of the irritation be an inverted eyelash.—*American Practitioner.*

Cocaine with Pilocarpine.—H. W. Bradford, M.D., Boston, writes: In connection with the newly awakened interest in the drug cocaine, it is worthy of note that its combination with pilocarpine removes the only drawback to its use in operating upon the eye—that is, the dilatation of the pupil and paralysis of accommodation.

A mixture of ten drops of four-per-cent. solution hydrochlorate of pilocarpine in a drachm of four-per-cent. solution hydrochlorate of cocaine secures the anæsthetic effect of the cocaine, leaving the pupil and accommodation absolutely unaffected, as I have been able to demonstrate a sufficient number of times to assure myself that the neutralizing effect of the pilocarpine is constant and innocuous.—*Boston Med. and Surg. Jour.*, May 28th.

Chloroform with Cocaine in Eye-Operations.—Dr. Ferrier read a report before the Surgical Society of Paris on a work by Dr. Dransart, who proposed the adjunction of chloroform to cocaine for operations on the eye. The chloroform is administered in the usual way after an instillation of cocaine, and the time taken up to administer the former is thus reduced to one or two minutes. The advantages claimed for this method are that the deeper tissues of the eye, such as the iris, muscles, optic nerve, etc., may be cut into without causing pain, which would not be the case with the instillation of cocaine alone. The duration of chloroformization being considerably reduced, the dangers attending the administration of chloroform are *pro tanto* diminished.—*Med. and Surg. Rep.*, May 23d.

Hordeolum.—Obadie and Darier believe that they have found a special micrococcus in the discharge from a stye,—thus accounting for the well-known tendency for that affection to return. In the treatment emollient compresses, poultices, or, what is better, cotton wadding dipped in a solution of corrosive sublimate (1-3000) or of boric acid (10 G.) dissolved in water (300 G.), preventing evaporation by a dry wadding or silk covering. The little abscess may require opening with a bistoury. and the eye should still be washed for some days with the boric acid to prevent relapses.—*Phila. Med. Times*, May 16th.

AURAL.

Otology.—The address in otology at the Penn. State Med. Soc. was given by Dr. Chas. S. Turnbull, of Philadelphia, with particular reference to the treatment of the ear in children. He said that ophthalmology is exalted while otology is too much neglected. Ears are damaged by indiscriminate drenching and swabbing; soapy solutions irritate, milk ferments, and with cotton, causes inflammation. The majority of cases of otorrhœa in children under two years would recover without damage to hearing if let alone. The doctor characterized the sponge with handle, sold by druggists under the name of "aurilave," as a dangerous implement. Impacted cerumen should be first soaked by warm alkaline solution, then syringed with warm water. Serum, mucus, or muco-pus should be wiped out with absorbent cotton. If the discharge be fetid, boracic acid in solution, or suspension, or as an insufflated powder, is best. The most essential point is freeing the middle ear from secretion. This should be done in adults by Valsalva's experiment or Politzer's method; in children, by forcible inflation by the essayist's method, as follows: one nozzle of an auscultation tube, protected by a perforated lead pencil rubber cap, is held in the patient's nostril, the other nostril closed, and as the child cries or blows out the surgeon blows a short blast through the tube, which inflates both ears.

After eczema, chronic otorrhœa, and removal of wax keep the canal greased. A peculiar deafness in old people, caused by atrophy of the ceruminous glands, itching, scratching with hair-pins, etc., until the

membrana tympani is badly relaxed, can be relieved by frequent applications of an ointment of morphia, yellow oxide of mercury, and cosmoline to the meatus, with a strong alkaline gargle for the throat, with perhaps use of artificial teeth. In plastic inflammation of middle ear, chronic deafness, and tinnitus aurium, treatment remains unsatisfactory. For treating tinnitus aurium erythroxylon coca is recommended for its anæsthetic effect on throat and Eustachian tube. He uses Squibb's hydrobromic acid and bromide of sodium in the auditory-nerve disease, from the noise of machinery, etc. Where one hears distinctly only in a noise, treatment is unavailing; the patient can only leave the noise and seek out-door employment. For wax, soak and syringe; for children's earache, hot foot-bath and aconite; for pain in ears, use dry heat and anodines. Submaxillary ticking calls for throat treatment.—*N. Y. Med. Record*, May 30th.

Chronic Inflammation of the Eustachian Tube and Tympanum.—Gampietro (*Arch. di Otojat.; Gazz. degli Ospit.*) recommends the following solution, which can be applied by means of a suitable syringe :—

Tannic acid	15 grains.
Salicylate of sodium . .	1 drachm.
Distilled water	1 quart.

For chronic catarrh of the external ear he recommends this preparation :—

Laudanum	3 minims.
Sulphate of zinc . . .	4 grains.
Rose-water	6 drachms.

To be instilled three times a day.

—*Med. Bulletin*, May.

Implication of the Mastoid Process in Ear Disease.—Mr. Snell read a paper on this subject at the Sheffield Med. Chir. Soc. :—After remarking on the rarity of affection of the process without accompanying ear disease, he remarked on the frequency of discharges from the ear, and of the little heed that patients too frequently bestowed upon them, and urged the danger of neglect in many cases. Attention was called to the value of incision of the drum as a prevention of perforation in many cases. Several cases were related in which the mastoid had been affected with suppuration, or in a less degree. The importance in all cases of providing a free escape for pus by the Eustachian tube and meatus was urged, and the value of cleansing the ear with boracic-acid lotion, or some other disinfectant. The value in different circumstances of warm fomentations, leeches, iodine, and belladonna, as well as cold with Lieter's tubes, was mentioned. Wilde's incision had been employed in several of the cases; in some the bone had also been opened, being softened, or an aperture had been enlarged, and the exit of pus had given speedy relief to symptoms of a very aggravated character. Referring to the dangerous class of cases in which the mastoid suppurated, and it became necessary to perforate the bone, the steps to be taken were mentioned, and allusion was made to the anatomical structure of the mastoid, and the frequency with which the process is composed of sclerosed, or, at all events, less pneumatic structure. The varying position forwards of the sinus and its bearing on the operation were mentioned. A case was related in which the symptoms appeared to be pointing to mischief in the interior of the bone, with an absence of external swelling, etc., where, with an incision down to the bone, and encouraging bleeding, speedy relief to the alarming symptoms was given.

In the discussion which took place, Mr. Pye Smith, Mr. Jackson, Mr. Atkin, and the President took part.

Mr. Pye Smith mentioned the case of a man, æt. fifty, who for twenty years had been the subject of chronic otorrhœa. There was discharge of dead bone and matter from behind the ear. Under ether, several portions of necrosed bone were removed from the mastoid and malar bones. He made a fair recovery. Some dead bones still remaining, a second operation was equally successful. Yet another operation being deemed necessary, it was undertaken, but in the course of carrying it out, the escape of what seemed to be cerebral fluid took place, and the case terminated fatally.

Mr. Atkin, in the course of his remarks, mentioned the fact of his having seen many fatal cases in Vienna as the result of incision into the mastoid. The operation, therefore, is one which must be undertaken with a due sense of the responsibility incurred.—*London Med. Press*, May 6th.

Epithelioma of the Ear, Involving the Facial Nerve.—T. H——, aged seventy-seven, was admitted into the Shef-

field General Infirmary in a very debilitated condition. His previous history had been very good; never had syphilis or any serious illness; no history of cancer in the family. Had noticed a wart on his left ear for the last five years, which used to bleed when it was knocked or rubbed. He went to a quack, who cauterized it with some strong acid twelve months ago; the wart never returned, but the sore thereby induced never healed. It has gradually increased in size, and occasionally bleeds very violently, especially after a fit of coughing. On examination the whole of the pinna was found to have been replaced by a mass of ulcerating new growth; the edges were raised, everted slightly, and indurated; the neighboring skin, especially about the mastoid region, was dusky red and brawny, evidently infiltrated with new growth. The discharge consisted of sanious pus, foul smelling, but not very profuse. Under the microscope epithelioid cells were found. On the whole there were well-marked evidences of "new growth," though so much ulceration was present. There were also inability to close the eye, falling of the angle of the mouth, deviation of the tongue to the left on protrusion, all tending to show that the infiltration had reached and invaded the facial nerve. He was also completely deaf on the left side. The case having evidently gone too far for operation, he was kept in and watched; for some months he lingered, ultimately dying of exhaustion, partly induced by extensive bed-sores which he had acquired previous to his entry into the infirmary. Microscopic sections of the growth showed it to be a typical epithelioma.—*London Lancet*, May 9th.

Dr. Knapp's Rules Regarding Artificial Drum-Heads:

1. Cotton pellets, moistened with glycerine and water (1–4) and worn as artificial drum-heads, are a great aid to hearing in many cases of partial or total defect of the natural drum-head, with or without otorrhœa.

2. Their therapeutical action in arresting profuse discharge on the one hand, and preventing the mucous membrane of the drum-cavity from drying up on the other, is most valuable.

3. They protect, like the natural drum-heads, the deeper parts of the ear against injurious influences of the atmosphere.

4. In some cases they are quite indispensable, and may be worn for a lifetime with permanent comfort and benefit.

5. In other cases they are needed only periodically, according as the copiousness of the discharge or the exsiccation of the mucous-membrane requires their action in one or the other direction.

6. The period during which a pellet may be left in the ear varies with the condition of the parts. They should be changed frequently, *i. e.*, every day, or every few days, so long as the discharge is abundant or offensive.

When there is no discharge, they may be left as long as they are comfortable, and the hearing is good. So far as my experience goes, they are apt to become unclean in a week or two. They ought then to be removed, the ear cleansed either with dry cotton or cotton steeped in warm soapsuds, and new pellets introduced,—*New Orleans Med. and Surg. Jour.*, May.

Syphilis of the External Ear.—Dr. Zucker, of Berlin, relates (*Zeitschrift für Ohrenheilkunde*, and *Archiv für Ohrenheilkunde*, Band xxi., Nos. 2 and 3, 1884), besides two cases of mucous tubercles of the external ear, another of a man in whom the initial lesion of syphilis was situated on the anterior wall of the cartilaginous portion of the external meatus. The tragus was of a livid red color, thickened, and of twice its normal size. On its anterior surface was a dark pigmented radiating cicatrix. The tissues over the parotid and masseteric regions were swollen and hard, but not painful. The glands at the angle of the jaw were hard and enlarged. Hearing was but little impaired, there was no discharge, and no other lesion of the ear was detected. On the palms of both hands there were several desquamating spots. A diagnosis of syphilis was made, and rapid improvement tooh place under mercurial inunction. The history of the case was, that eight or ten weeks previously the man's ears had been licked by a prostitute. Four weeks after this, the affected ear became sore, and, eight weeks later, the spots appeared on the hands—*London Med. Record.*

Polypus in the External Auditory Canal.—Prof. A. W. Calhoun operated in his clinic, Atlanta, Ga., Med. Col., and said: The first thing to be done in the treatment of this case is to remove the polypus, which can be readily done with a

pair of aural forceps, such as I now hold in my hand.

You notice we grasp the polypus with these forceps and gently twist it off. Sometimes a small portion of the pedicle is left after twisting off the polypus, as has been done in this case. When such is the case, you should always make an application of chromic-acid paste to this portion and it will soon be cured.

Small polypi may be treated by this application, with the best results, without using the forceps at all. There are a number of different applications used for this purpose, but I have found that the chromic-acid paste gives better satisfaction than any other.

This paste is prepared by adding one drop of water to a few crystals of the acid and stirring it with a glass rod. The paste is best applied, by means of a small pledget of cotton on the end of a probe, through the ordinary ear speculum. Several applications will sometimes be necessary to effect a cure. I believe I would be safe in saying that a few applications of this paste would destroy any aural polypus of ordinary size.

The application is quite painful in some cases. This can usually soon be relieved by syringing the ear with a little warm water.

If the offensive discharge does not cease in a few days after the disappearance of the polypus, the ordinary treatment, consisting of absolute cleanliness and astringent applications, will be advised, and before a great while our patient will be entirely well.

Remember, gentlemen, that nothing will ever cure such a discharge so long as any particle of polypus remains; therefore, always be certain that you have removed every particle of it, either with the forceps or the paste, before allowing your patients to get from under your observation.—*Atlanta Med. and Surg. Jour.*, May.

Earache.—M. Moure (*Jour. de méd. de Bordeaux*) uses habitually a combination of atropia with morphia to quiet the pains of earache; giving relief to otalgia and to cases of subacute otitis of the tympanum and of the Eustachian tube, particularly in children. He prefers a solution of morphia to instillations of oil, laudanum, and ether, these substances having the effect of producing a traumatic meningitis and sometimes graver lesions. He prescribes: Sulphate of atropia, 2 to 5 centigrammes; chlorohydrate of morphia, 5 centigrammes; neutral glycerine, 15 grammes, on cotton-wool at the external auditory meatus, and, when necessary, a drop or two by instillation night and morning into the auditory canal. This will relieve external otitis and furunculous otitis.—*Med. Herald*, May.

Earache — Cocaine. — One drop of cocaine hydrochlorate, four-per-cent. solution, applied on a bit of cotton and put in the ear, will quickly arrest severe earache. The influence lasts from three to six hours. —*Cin. Lan. and Clinic*, May 16th.

DERMAL.

Balsam of Peru Combined with Various Metallic Oxides as an Adhesive Dressing for Many Lesions of the Skin.—Dr. George Henry Fox made some remarks on this subject at the meeting of the New York Dermatological Society.

He said that he had lately been experimenting with certain applications for the purpose of obtaining a new form of adhesive dressing. The one that he had used chiefly was a preparation containing one part of precipitated oxide of zinc to three of balsam of Peru, which he had found the least stimulating of all the balsams. It formed a very soft ointment, was readily applied to the skin, and easily hardened, thus completely protecting the parts. Ether and chloroform were added to some of the preparations, but they were too stimulating, as was balsam of fir, although Dr. Jackson informed him that in one case under his observation, the latter balsam was milder. He (Dr. Fox) has applied this preparation over moist and exuding surfaces, even in children, without producing any more pain than an ordinary ointment. The objection to the use of an ointment was that it became dry, and was then friable. He had tried adding oil to the preparation, but found that it was too liquid. When the parts become dry and there is a tendency to fissuring, the surface could be made smoother and the cracks filled up by applications of oil. He had obtained the most gratifying results from the use of these preparations. The various metallic oxides, such as zinc, bismuth, magnesia, etc., could be employed in combination with the bal-

sam of Peru. He had prescribed the balsam and oxide of zinc separately, and had them mixed afterward. The effect of these preparations was to relieve the congestion of the skin, and it was accomplished more quickly than by the application of the ordinary oxide-of-zinc ointment.—*Journal of Cutan. and Vener. Diseases*, May.

Lactic Acid as a Means of Destroying Pathogenic Tissues.—As the result of researches made on this subject, Mosetig-Moorhof concludes (*Gaz. méd. de Paris*) that this acid is endowed with the property of destroying pathogenic tissues without impairing the healthy tissue. These observations have been verified in fungous growths, in lupus vulgaris, in superficial epithelioma, etc. The morbid tissue was dissolved into a pulp by the acid, while the surrounding tissue and the islets of healthy tissue within the neoplastic zone remained intact. The mode of application was as follows: By means of plaster or bees-wax the surrounding healthy tissue was protected; a piece of linen or of absorbent cotton-wool the size of the affected area was soaked in a concentrated solution of lactic acid and kept in its place by a layer of cotton-wool and a bandage. He has also employed a paste made of lactic and salicylic acids. The dressing was left on for twelve hours, when it was removed and the surface carefully cleansed. For the next twenty-four or forty-eight hours it was dressed with water, after which the acid was again applied. This process required to be repeated six or seven times, leaving an interval of a day or two between each application, before the neoplasm was destroyed. No pain was occasioned by it, and children bore it as well as adults.—*Edinburgh Med. Jour.*, May.

Alveloz in Cancer. — The United States consul at Pernambuco has forwarded to his government a report by Dr. Bandeiro, surgeon to the Hospital Pedro II., on the value of the juice of the alveloz as an external application in cancer. It seems to have been useful in epithelioma of the lips, nose, face, and eyelids, but to have been less successful in ulcerated sarcomas and carcinomas not of the epithelial variety. Several preparations are made with salicylic acid, etc., but it is thought that the juice is far more active when used in a fresh state. The natives employ the cut end of the stem of the plant, *Euphorbia heterodoxa*, to cauterize the sore, using at the same time a decoction of tobacco leaves. A supply of the prepared juice has been forwarded to the Marine Hospital in Washington and to the Cancer Hospital in Liverpool, from which institutions reports will doubtless be forthcoming if the alveloz-juice treatment prove to possess any advantages over other methods of treatment of cancers.—*London Lancet*, May 2d.

Epithelioma. — Dr. T. L Olgier, of Charleston, read an article on this subject at the South Carolina Med. Ass'n, giving the history of three cases which were successfully treated by what is known as Collins' cure for epithelial cancer, modified according to the circumstances of the case. The prescription was the following:

℞ Acid. carbolic. . . . . 3 ss.
Acid. sulphuric. dil. . . . . 3 ij.
Glycerin. . . . . ℥ ss.
Aquæ destil. . . . . ℥ ij. M.
SIG.—Ft. lot.

Very finely powdered fresh ergot, ℥ j.

Directions: With the lotion paint the tumor freely with a camel's-hair pencil, and just before it is dry dust freely with powdered ergot. This to be repeated night and morning. Every second night apply a bread-and-milk poultice, to keep the surface of the tumor soft. The modification of this is to make the poultice contain equal quantities of bread and powdered ergot, and paint the tumor once during the day with the fl. extr. ergot.

—*Phila. Med. News*, May 16th.

Malignant Pustule — Corrosive Sublimate.—The following are the conclusions of Dr. Romei from the observation of a number of cases of this affection (*Gazzetta degli Ospitali*): 1. The external employment of corrosive sublimate is almost always successful, provided the disease be not too far advanced; 2. Its application is simple and easily made, and is not at all painful; 3. Bichloride of mercury does not produce the cicatricial retractions which follow other methods of treatment; 4. Its use is preferable to that of the thermo-cautery, since it does not frighten the patient and is painless; furthermore the hot iron leaves an eschar on which the infecting germ may develop; 5. It is a rational method, taking into consideration the infectious nature of the disease and the antiseptic action of the remedy.—*N. Y. Med. Record*, May 23d.

Lupus and Rodent Ulcer—Jequirity.—Dr. John Shoemaker, of Philadelphia, has reported the use of jequirity in lupus

and rodent ulcer in which he produced a high inflammatory condition, together with rapid cicatrization and disappearance of the growth. After the suppuration takes place, of course, he treats it antiphlogistically. The theory upon which it is applied is, that the suppuration will destroy the neoplasm and go down to the healthy tissues beneath.—*St. Louis Med. and Surg. Jour.*, May.

Telangiectasis.—A. E. Carrier, M.D., Detroit, Mich., exhibited this case at the Clinic for Skin Diseases St. Mary's Hospital Free Dispensary: This little patient has been shown you before, but suffering from another disease, viz.: eczema of the scalp. To-day I wish to call your attention to this little spot on the cheek, which the mother tells us commenced about one year ago. When first noticed, it was about the size of a pin's head, and light-red in color. It has never been the seat of pain nor itching, but has grown until now; as you see, it is as large as a bean, and from the centre, blood-vessels radiate like the spokes of a wheel. It is simply a growth of blood-vessels, making its appearance during the life of the individual, and is called telangiectasis in contra-distinction to nævus, which is congenital. The growths seldom acquire any size. This one is probably as large as it ever will be. They may be found upon any part of the body, but usually select the face or chest. They are generally permanant. The best treatment is destruction by electrolysis.—*Medical Age*, May 25th.

Beets as a Local Application.—Dr. Frederick P. Jones, of Mill Village, N. H., writes us that in a number of cases of erysipelas that he has recently had in has practice, in which he used various external applications, among them grated blood-beet used as a hot poultice, under its use pain and inflammation were quickly subdued. He also employed it as an external application, with some anodyne liniment (morph. sulph. and fluid extract of gelsemium), in facial neuralgia, with satisfactory results.—*Therap. Gaz.*, May.

Burns—Albumen of Eggs.—For burns and scalds there is nothing more healing than the albumen or white of an egg or two. They are softer and more soothing than collodion, and more cooling than sweet oil and cotton-wool. The egg has no superior, as a food, and contains more nourishment in a concentrated form than a pound of beef steak. For dyspeptics the egg is unequalled. In dysentery the albumen is a certain specific.—*Med. Summary*, May.

Phagedenic Ulcers and Old Sores.—℞. Pulv. ulmus. cort., ʒ j.; fld. ext. hamamelis, ʒ iij.; fld. ext. aloës Soc., ʒ j.; cosmoline. ʒ ij. Mix. Spread thinly and apply twice a day, washing off each time with tepid water and Castile soap.—*Keystone Med. Jour.*

Eczema—Iod. Potassium.—Dr. Stelwagon calls attention to iodide of potassium as a useful drug for internal administration in the treatment of eczema. It is especially adapted to persons in good general health, rather than to the broken-down or the dyspeptic.—*Boston Med. and Surg. Jour.*, May 14th.

Rodent Ulcer—Benzole.—The application of pure benzole to rodent ulcers is commended, and has been practised, by Dr. Sherwell, of New York. It does not cause pain, but destroys the sensibility of the parts, giving them a blanched appearance and causing a kind of mummification. After a time a scab is formed, which should be removed and more benzole applied. He suggests also the employment of benzole in cases of cancer of the os uteri, but it may be doubted whether its application to this site would prove efficacious.—*Med. and Surg. Rep.*, May 30th.

Argyria.—A queer-looking individual presented himself some time since at Prof. Bartholow's clinic, whose face looked as though it might have been subjected to a most thorough brushing at the hands of a "shoeblack," who, instead of employing the ordinary leather polish, had made use of stove-polish. The patient was a man of sixty-five years, who, having contracted syphilis many years ago, had suffered from ulcerative sore throat. To his throat he had for two years applied nitrate of silver, until by this time he suffered from all the symptoms of argyria. Prof. Bartholow placed him upon

℞ Sodii hypophosphit., gr. v–x ter die.

Locally a solution of cyanide of potassium was directed to be applied. Both remedies are to be persistently used.—*Col. and Clin. Record* May.

Mosquito Bites—Grindelia Robusta.—Dr. Gatchell, New York, says: For some years I have given to patients bound for countries infested with insect pests a lotion of grindelia robusta, and upon their return they would invariably report that it was all that could be desired as an application to stop the itching and promote the healing of the mosquito- or flea-bite. One lady told me that while in Florida her children would come to the house in the evening completely "frescoed" with insect stings, which would nearly drive them crazy, but that after bathing them and applying the lotion, they would quickly drop into a peaceful sleep, to awake in the morning free from any pain or itching, till they had encountered the pests that day, when the same process would be gone through with in the evening.—*N. Y. Med. Times.*

Mosquito-Bites.—One drachm each of spirits of chloroform and spirits of camphor, and two grains of corrosive sublimate, in four ounces of water, will allay the irritation caused hy mosquito-bites.—*Med World*, May.

The Hair Falling Off.—F. R. C. S. writes: There are several things to be inquired into before treating such cases. "Is there any syphilitic taint?" I have met with cases where the hair has fallen through being tied up so very tight. The excessive strain causes the hair to break, the nutrition of the hair-follicles being destroyed. How often does the patient wash the head and hair? This is very important. Has the patient suffered recently from some illness, as scarlatina, anæmia, etc.? Often the hair falls off, unless two or three inches be cut off at once. If none of these causes can be traced, he would recommend the following liniment: Dissolve one grain of cantharidine in two drachms of acetic ether, and add rectified spirit ℥ iii., castor oil ℥ i., and oil of lavender fifteen minims. Mix well. Apply this to the roots of the hair for three days successively; then the head should be thoroughly washed by an attendant, so as to have plenty of friction, with a good lather of warm soap and water—Pears' soap is generally recommended—otherwise, the lotion may accumulate, and cause too much irritation.

Dr. V. Poulain recommends a lotion of one grain of antimonium tartaratum to an ounce of distilled water. This was a favorite remedy with Prof. Chelius for alopecia. —*Brit. Med. Jour.*, May 2d.

To Prevent Falling Out of the Hair.—Dujardin-Beaumetz (*Jour. de méd. de Paris*) recommends the following:

℞ Chloral . . . . . grammes 5.
Distilled water . . . " 100.

Use as a lotion every evening before going to bed. After a fortnight no more dandruff will form, and the hairs will cease to fall.

—*Med. Summary*, May.

TOXIC AND HYGIENIC.

Disinfection and Disinfectants.—The Committee on Disinfectants, appointed by the American Public Health Association, has prepared a preliminary report, from which we take the following extracts:

The object of *disinfection* is to prevent the extension of infectious diseases, by destroying the specific infectious material which gives rise to them. This is accomplished by the use of *disinfectants*.

There can be no partial disinfection of such material; either its infecting power is destroyed or it is not. In the latter case there is a failure to disinfect. Nor can there be any disinfection in the absence of infectious material.

GENERAL DIRECTIONS.

Disinfection of Excreta, etc.—The infectious character of the dejections of patients suffering from cholera and from typhoid fever is well established; and this is true of mild cases and of the earlier stages of these diseases as well as of severe and fatal cases. It is probable that epidemic dysentery, tuberculosis, and perhaps diphtheria, yellow-fever, scarlet-fever, and typhus-fever. may also be transmitted by means of the alvine discharges of the sick. It is, therefore, of the first importance that these should be disinfected. In cholera, diphtheria, yellow-fever, and scarlet-fever, all vomited material should also be looked upon as infectious. And in tuberculosis, diphtheria, scarlet-fever, and infectious pneumonia, the sputa of the sick should be disinfected or destroyed by fire. It seems advisable also to treat the urine of patients sick with an infectious disease with one of the disinfecting solutions below recommended.

Chloride of Lime, or bleaching powder, is, perhaps, entitled to the first place for dis-

infecting excreta, on account of the rapidity of its action. The following standard solution is recommended :

STANDARD SOLUTION NO. 1.

Dissolve Chloride of Lime of the best quality in soft water, in the proportion of four ounces to the gallon.

Use one pint of this solution for the disinfection of each discharge in cholera, typhoid fever, etc. Mix well and leave in vessel for at least ten minutes before throwing into privy-vault or water-closet. The same directions apply for the disinfection of vomited matters. Infected sputum should be discharged directly into a cup half full of the solution.

STANDARD SOLUTION NO. 2.

Dissolve Corrosive Sublimate and Permanganate of Potash in soft water, in the proportion of two drachms of each salt to the gallon.

This is to be used for the same purposes and in the same way as *Standard Solution No.* 1. It is equally effective, but it is necessary to leave it for a longer time in contact with the material to be disinfected —at least an hour. The only advantage which this solution has over chloride-of-lime solution consists in the fact that it is odorless, while the odor of chlorine in the sick-room is considered by some persons objectionable. The cost is about the same. It must be remembered that this solution is highly poisonous. It is proper, also, to call attention to the fact that *it will injure lead pipes if passed through them in considerable quantities.*

STANDARD SOLUTION NO. 3.

To one part of Labarraque's Solution (liquor sodæ chlorinatæ) add five parts of soft water.

This solution is more expensive than the solution of chloride of lime, and has no special advantages for the purposes mentioned. It may, however, be used in the same manner as recommended for *Standard Solution No.* 1.

The following powder is also recommended for the disinfection of excreta in the sick-room and of privy-vaults, etc.

DISINFECTING AND ANTISEPTIC POWDERS.

One pound of chloride of lime ; one ounce of corrosive sublimate ; nine pounds of plaster of Paris. Pulverize the corrosive sublimate and mix thoroughly with the plaster of Paris. Then add the chloride of lime and mix well. Pack in pasteboard boxes or in wooden casks. Keep dry.

As an antiseptic and deodorizer, this powder is to be sprinkled upon the surface of excreta, etc.

To disinfect excreta in the sick-room, cover the entire surface with a thin layer of the powder—one-fourth inch in thickness —and if the material is not liquid, pour on sufficient water to cover it.

Disinfection of the Person.—The surface of the body of a sick person, or of his attendants, when soiled with infectious discharges, should be at once cleansed with a suitable disinfecting agent. For this purpose *Standard Solution No.* 3 may be used.

In diseases like small-pox and scarlet-fever, in which the infectious agent is given off from the entire surface of the body, occasional ablutions with Labarraque's solution, diluted with twenty parts of water, will be more suitable than the stronger solution above recommended.

In all infectious diseases the surface of the body of the dead should be thoroughly washed with one of the standard solutions above recommended, and then enveloped in a sheet saturated with the same.

Disinfection of Clothing.—Boiling for half an hour will destroy the vitality of all known disease germs, and there is no better way of disinfecting clothing or bedding which can be washed than to put it through the ordinary operations of the laundry. No delay should occur, however, between the time of removing soiled clothing from the person or bed of the sick and its immersion in boiling water, or in one of the following solutions ; and no articles should be permitted to leave the infected room until so treated.

STANDARD SOLUTION NO. 4.

Dissolve Corrosive Sublimate in water in the proportion of four ounces to the gallon, and add one drachm of Permanganate of Potash to each gallon to give color to the solution.

Mercuric chloride (corrosive sublimate) is soluble in cold water in the proportion of one part in sixteen. Solution is greatly facilitated by heat.

One fluid ounce of this standard solution to the gallon of water, will make a suitable solution for the disinfection of clothing. The articles to be disinfected must be thoroughly soaked with the disinfecting solution, and left in it for at least two

hours, after which they may be wrung out and sent to the wash.

N. B.—*Solutions of corrosive sublimate should not be placed in metal receptacles*, for the salt is decomposed and the mercury precipitated by contact with copper, lead, or tin. A wooden tub or earthen crock is a suitable receptacle for such solutions.

Clothing may also be disinfected by immersion for two hours in a solution made by diluting *Standard Solution No.* 1 with nine parts of water—one gallon in ten. This solution is preferable for general use, especially during the prevalence of epidemics, on account of the possibility of accidents from the poisonous nature of *Standard Solution No.* 4. When diluted as directed, this solution may, however, be used without danger from poisoning through the medium of clothing immersed in it, or by absorption through the hands in washing. A poisonous dose could scarcely be swallowed by mistake, owing to the metallic taste of the solution, and the considerable quantity which would be required to produce a fatal effect—at least half a pint.

Clothing and bedding which cannot be washed may be disinfected by exposure to dry heat in a properly constructed disinfecting chamber for three or four hours. A temperature of 230° Fah. should be maintained during this time, and the clothing must be freely exposed—*i. e.*, not folded or arranged in piles or bundles, for the penetrating power of dry heat is very slight.

The temperature above mentioned will not destroy the *spores* of bacilli—*e. g.*, of the anthrax bacillus—but is effective for the destruction of all disease germs which do not form spores, and there is good reason to believe that this list includes smallpox, cholera, yellow-fever, diphtheria, erysipelas, puerperal fever, and scarlet-fever (?). Moist heat is far more effective, and it is demonstrated that ten minutes' exposure to steam, at a temperature of 230° Fah., will destroy all known disease germs, including the most refractory spores.

In the absence of a suitable disinfecting chamber, it will be necessary to burn infected clothing and bedding, the value of which would be destroyed by immersion in boiling water, or in one of the disinfecting solutions recommended.—*Med. and Surg. Rep.*, May 9th.

Oxygen in the Treatment of Asphyxia and Poisoning.—Loyssel (*Journal de médecine*, Bruxelles), has embodied in the following review the various asphyctic conditions furnishing the most natural indications for the exhibition of oxygen:

1. In poisoning by chloroform, ether, chloral, opium and its alkaloids, sulphide of hydrogen, carbonic-acid gas, and hydrocyanic acid, oxygen is the most effectual, indeed, the only, means of preserving life. It proved a successful resuscitant after the complete failure of all other known means, including artificial respiration.

2. Oxygen restores the sensibility and eliminates the narcosis of anæsthetized persons. Its presence in the operative-room would be an infallible safeguard against fatal accidents caused by anæsthetics.

3. Oxygen inhalation employed in cases of suffocation resulting from strangulation, drowning, or various gases, offers the best prospects for success. In the suspended vitality of the new-born it is equally valuable.

4. In all cases in which respiration has not entirely ceased, even if the intervals between the single respirations be very great, oxygen will "almost surely" sustain life, provided the inhalations are persisted in "sufficiently long."

5. If cardiac and respiratory action have stopped only a short time, the patients can "often" be restored to life through oxygen. This means of resuscitation ought to be invariably resorted to, and a very slow return of life ought to be no cause for discouragement. Cases of preserved and almost induced life in drowned persons and apparently still-born children, due to persistent endeavors with oxygen, are not infrequently reported.

6. Oxygen can be respired (inhaled) without the slightest injury in "notable quantities" (?). There is no contra-indication to the use of the gas in any case of asphyxia. —*Therap. Gaz.*, May.

Infection from Wool-Carding and Bed-Purifying Workshops.—The Conseil d'Hygiène et de Salubrité Publique of the Seine discussed, at a recent meeting, a report on the danger of infectious diseases being propagated by workshops where bedding is purified and the wool recarded. It was decided that such establishments should be included in the second class of unhealthy establishments, not in the third, as at present. Therefore, when the Minister of Commerce has sanctioned this change, the

above operations will be carried on in houses where hygienic precautions are more rigorously observed. It is also forbidden to recard the wool of mattresses or to beat in the streets either wool or horse hair which has been used for stuffing.—*Jour. Amer. Med. Ass'n*, May 16th.

The Deadly Teapot.—"While good temperance people are decrying liquor," says a leading American physician, "they seldom stop to think how much harm is being done by an abuse of a beverage to which so many of them are devoted. I just came from attending a case of a five-year-old babe who is ruined for life by its parents indulging in tea-drinking. The child became very nervous and dyspeptic, and they sent for me. I asked them how much tea the child drank. 'About two cups at each meal, and several between meals,' was the reply. You see," the physician continued, "they let the teapot stand on the stove all day. Thus the tannic acid is extracted, which serves to turn the linings of the stomach into leather, and brings on dyspepsia and kindred diseases. You will find hundreds of women, young girls, and aged women, and occasionally a man, who have completely ruined their nervous system by the excessive use of common tea. It would be a blessing to mankind when a temperance crusade can spare wind enough from its attack on alcohol to assail tea."—*British Med. Jour.*

Electricity in Poisoning—Caution.—In poisoning from aconite, the pneumogastric cannot truthfully be said to be *paralyzed:* its function is merely interfered with more or less.

Other means are much better than electricity under all circumstances, and it is simply a waste of precious time to experiment with it.

In chloroform-poisoning electricity at once produces fatal results, even with mild currents, to either the pneumogastric or the phrenic. In ether-asphyxia electrical stimulation was proper, but in opium-poisoning much care was necessary under all circumstances, although the respirations could be maintained by either current.

The reviewer recalls a case (some years ago) in which, after the apparent failure of atropia and alcohol, the respirations were maintained by faradism in a case of opium-poisoning for twelve hours, and the patient saved.

The conclusions, therefore, are as follows: 1. Electrical stimulation of the phrenic nerve should not be undertaken without the reflection that the current will at the same time reach the pneumogastric. 2. Only mild currents should be applied, and their effects carefully watched, but especially with reference to the heart. 3. The sudden and careless application to the neck of a current sufficiently strong to produce pain or muscular contractions in other parts of the body should be especially avoided.—*Phila. Med. Times*, May 2d.

Purification of Well Water.—Here, where the question of the purification of well and cistern water is likely to be of so much importance during the coming summer, the following, from Professor Almen, of the University of Upsala, is very apropos:

"To each quart of the water to be purified add about forty-five drops of a five-per-cent. solution of perchloride of iron, and a quantity of lime water proportionate to the hardness of the water (for the well water around St. Louis a half ounce will be sufficient). A brown precipitate of the basic salts and hydrated oxide of iron is thrown down. This may be allowed to stand until it has completely settled and the clear water then poured off, or, better still, the water may be filtered through a layer of sand, or the ordinary charcoal filter. This process frees the water from all organic matters suspended in it, and from a large proportion (from forty to eighty per cent.) of the organic matter held in solution."—*National Druggist.*

Licking Adhesive Stamps and Envelopes.—This is a perilous practice, against which the public needs to be put on its guard. We have seen bad consequences ensue from the habit, which is a very common one. Those who are frequently thus moistening the gum on adhesive surfaces suffer from local irritation, sore tongues, and the like, while every now and again we hear of special propagation of disease by the habit. A curious illustration of the way in which disease may be communicated was recently brought under our notice. An envelope received from a person who habitually took large quantities of morphia hypodermically was reclosed by the person who opened it by licking the adhesive surface, with the result of making him violently sick. The mere touch of the

tongue of the taker of morphia had rendered the gum intensely nauseous. If this could happen, obviously there must be grave peril of the transmission of disease by such means. It is not likely that many persons would even incidentally reclose an envelope in this way; but the incident may serve to show how desirable it is not to run the risk of even taking in the impurities of new adhesive matters from stamps and envelopes. It is very easy to avoid the practice. The danger only needs to be pointed out.—*London Lancet*, May 23d.

Danger of Acid Cheese.—Cheese, when excessively acid, is likely to produce alarming gastro-intestinal irritation. An outbreak of cheese-poisoning in Michigan recently, was traced to this cause; and though no deaths ensued, the attacks were quite severe. The application of litmus would readily warn us of the presence of this danger.—*Med. World*, May.

PARTURIENT.

The Forceps and their Use.—Dr. J. S. Delavan, Albany, N. Y., writes: As these hints are written for the *beginner* and not for the *expert*, we say, firstly, that while ignorance is always dangerous and inexcusable, while no one should presume to enter the chamber of the parturient female as a physician unless he thoroughly understands the anatomy of the pelvis, the diameters of its basin, the size of the fœtal head, and its relations to the parts, still, the well-informed tyro, who knows theoretically what he has to do, need have no more fear in using these wonderful inventions for the safe and easy relief of pain, than he would have in passing his hand into the vagina to remove the extruded placenta. The forceps, rightly used with proper care and with no undue haste or harshness, are one of the most important adjuncts to the obstetric art, and the old-fashioned dread and horror of *instruments* is fast passing away.

The varieties of forceps are legion; almost every obstetrician of eminence has felt it incumbent upon him to invent some new form, either in length of blade or form of handle, or to make some little change from the last invention. For the purposes of this paper it will be only necessary to state that forceps are of two kinds—the long and the short,—the former to be used when it is necessary to apply them in the superior, the latter in the inferior, strait. One pair of long forceps will be all that is really required, although it is advised to have a pair of each.

It matters very little what forceps we choose—every practitioner has his preference. My own is for the Elliot long, and the Sawyer short, although the forceps of Dr. Comstock, of St. Louis, are most excellent. Many new inventions in forceps are constantly appearing. Tarnier, and Lusk's modification of them, are very useful in particular cases, but they can hardly be advised for the young obstetrician who desires one, or, at the most, two instruments.

Your forceps have been selected—they are ready to your hand—you are confronted with a case that calls for their use—when should they be applied, and how?

The general rules for instrumental interference are variously laid down in works on obstetrics; but for our purpose we may reduce them to three:

First. When from the size of the fœtal head and the contracted state of the pelvis, nature alone could not accomplish delivery.

Second. When from the enfeebled state or condition of the mother, *from any cause*, prompt and rapid delivery is necessary.

Third. When we can safely shorten the duration of labor and mitigate its pains.

These are the three general rules I would advocate; the application of them must be learned by experience, and at the bedside of the patient.

The forceps are almost invariably applied to the head, and most frequently after its passage through the os uteri, constituting what is called the low operation, and in this condition of affairs, when we find that the pains are becoming less frequent, the patient exhausted, and the labor making no progress, we should no longer hesitate, but at once proceed to apply the forceps, and in the following manner: Place the woman in a comfortable position for herself, and as convenient for the operator as possible. Generally she should be crosswise of the bed, the knees drawn up and flexed, the heels resting on the side board, her head and shoulders supported by the nurse. First warm the instruments by plunging them in hot water, wipe them dry, and anoint the blades with vaseline; then insert two fingers of the right hand into the vagina as a guide; with the left grasp the lower

blade and pass it gently, and the only direction I would give is, hold it easily, and use no force, being careful only to have the concave surface on the left side of the head. It cannot go wrong—there is only one place for it to go,—and if no force is used, and it is inserted during the absence of a pain, it will certainly find its way where it belongs. The canal is bathed in mucus, the head is smooth and globular, the blade warm and oily, and it would be an impossibility, unless brute force is used, to insert it any way but the right way. When the first blade is properly applied, drop the handle; no assistant is needed, it will stay where you have placed it, unless a pain occurs, when we should gently support the handle till it passes. Now reversing the hands, insert the upper blade in the same manner, only being careful that it is placed on the right side of the head. Both blades being introduced, take the handles in your hands, and by gentle manipulation they will lock; if they do not, withdraw them slightly, and try again, using no force; take *time*, and stop on the occurrence of a pain.

Your forceps are now locked. It will be proper to bring the handles together, to ascertain how much pressure to use. The screw in the handle of the Elliot and other forceps of like pattern is useful to regulate the pressure, and the bringing together of the handles will also inform you if any portion of the maternal tissues is caught by the blades.

Your forceps are now introduced; it is simple enough, and it is strange that so much has been written about so slight an operation, for any physician in ordinary cases, like the one I have described, with ordinary delicacy of touch, ought to find no difficulty in this procedure.

Now, with your left hand grasping the lower portion of the instruments just at the junction of the blades, the palm upward, the index on the fœtal head, the right hand firmly grasping the handles palm downward, you are ready for action. Wait for a pain, and then draw steadily in the direction of the curve of the pelvis, not too strongly at first, and ceasing when the pain passes. You want to assist, not overcome, nature. The older accoucheurs advised that the force exerted should be two thirds lateral and one third tractive; but we believe this to be bad practice, as it may bruise the soft parts of the mother, and does no good. As with each successive pain the head advances little by little, and finally presses on the perineum, care must be taken to avoid laceration; the left index finger being the guide for the advancing head. As it emerges from the vulva, the forceps should be gradually elevated until the handles lie almost on the abdomen of the mother, then carefully unlock and withdraw the instruments, and let nature complete the delivery. This is the method of using instruments in the so-called low operation, and when the head is not too large the Sawyer forceps are the best I have used. They are light, easy of introduction, and by the curve of blade and handle act almost automatically.

To *recapitulate:* Use deliberation, no undue force, and observe great care when the head presses on the perineum.—*N. Y. Med. Times*, May.

Obstetric Palpation.—Comparatively little attention has been given in this country to the subject of obstetric palpation. Yet the importance of the subject cannot be easily exaggerated. It not only enables the diagnosis of pregnancy in many doubtful cases to be made, but may permit one to determine whether the pregnancy is single or multiple, and the presentation and position of the fœtus. Approximately at least one who is reasonably expert in obstetric palpation can decide the duration of the pregnancy, and in case some obstruction of the birth canal may render the induction of premature labor necessary, the time for this may be fixed by measuring the length of the fœtus, and thus approximating its size.—*Phila. Med. News*, May 16th.

Post-Partum Drainage of the Uterus.—Dr. S. J. Bumstead thus writes: It occurred to me a year or so ago that the lying-in patient was particularly liable to septic trouble by reason of the position usually occupied in bed, making any thing like thorough drainage nearly impossible. At the same time, probably most of us have been averse to the patient arising even to urinate, preferring them to use the bedpan, and under these circumstances how easy it is for some of the discharges being thrown off the uterine walls to remain inside the uterine cavity. Of course the fundus of the uterus does not immediately sink below the sacral rim, yet when the patient is lying horizontal, the incline from the interior of

the uterus to vagina is not great, and I fear too often nearer the dead level than is consistent with running streams. With this in view, whether fully justified or not, I have been in the habit of late of ordering the head of the bed blocked up from six to eight inches, or just avoiding what might be uncomfortable to the patient, and maintaining this position as long as she keeps her bed, and there is any considerable lochial discharge. It is well also to permit these patients to be placed on the chamber once a day, to still further promote the escape of the offensive material from the uterine cavity.—*Peoria Med. Jour.*

Breast Pump.—R. Darrington, M.D., Miss., advises: As soon as the child is born apply the pump: it will produce uterine contraction; it will elongate the nipple; it will cause the milk to flow freely when the child is applied.—*Medical Brief*, May.

Reduction of the Funis.—Dr. Daniel E. McSweeny sends us a description of the method employed by him with success in eight cases of replacing a prolapsed funis. It consists simply in passing the index-finger through the most dependent loop of the cord, and then slowly and gently twisting the funis upon itself. In this way the presenting object is soon formed into a ball which can be readily grasped as a whole and replaced above the brim of the pelvis. When once inside the uterus, its natural elasticity causes it to unwind. thus obviating all danger of strangulation. In the meanwhile, the hand is retained in the vagina until the head of the child engages. Dr. McSweeny relates a case in which this complication occurred, and in which he employed this method of reduction with perfect success.—*N. Y. Med. Record*, May 16th.

Schultz's Method of Resuscitating the New-Born Child.—At the late meeting of the Medical and Chirurgical Faculty of Maryland, Dr. Neale illustrated this method in cases of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator and its anterior surface to the front; it is then swung upward, so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then in a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Silvester's and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain.—*N. Y. Med. Record*, May 16th.

The Orange as a Galactagogue.—A correspondent reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges the patient gave no milk, and the child was fed artificially.—*North Carolina Med. Jour.*

GYNECIC.

Hot Antiseptic Douche in Gynecological Operations.—Dr. G. J. Englemann, of Missouri, read a paper at the American Medical Association on "The Improved Technique in Gynecological Operations, Major and Minor." His mode of operating was entirely different from that of American surgeons, and was more nearly like the European, although it differed from the latter in some original points. He claimed for his plan asepsis, simplicity, and rapidity, which he regarded as great desiderata. He described the method briefly as one in which all operations on the vaginal tract are made under the hot antiseptic douche. He used no sponges whatever, and had not done so for years. The patient is placed on the table on her back, in the lithotomy position, with oil-cloth under her, and a tub to catch the drippings. The operator wears a large oil-cloth apron to protect him from the water. Four assistants are necessary, two for the legs, one for the chloroform, and one for the douche. The large number of assistants required he considered to be a disadvantage. The purposes of the hot douche are perfect antisepsis and keeping the surfaces clean, pure, and exposed to view. The use of the knife is not interfered with. The hot douche acts as a hæmostatic, and renders the adjacent parts anæmic. The water should be kept at a temperature of 115° to 125°

F.; for the sake of antisepsis he used either a 1 to 1,000 or 1 to 2,000 bichloride solution, or a one- or two-per-cent. solution of carbolic acid. The supply-can for the water is to be placed two or three feet above the surface of the operating table, and the pipe is provided with a small nozzle. The water must strike from above and strike the bleeding part exactly. The hand of the assistant holding the speculum is a guide for the temperature of the water. This plan had been the ideal of the writer for seven years, and when three years ago he saw it carried out by European operators, he immediately decided to use it in all his cases.

The speaker then presented a speculum which was one of Simon's later ones, quite large and broad. On insertion it widens the vagina and draws the uterus down simply by pressure on the perineum. The principal advantages of the instrument are a concave extremity, shortness, and breadth. After faithfully trying various kinds of sutures he concluded that all sutures are equally good if aseptic. He recommended asepsis in all major and minor operations, together with careful attention to details.—*N. Y. Med. Record*, May 16th.

Iodine in the Nascent State in Uterine Catarrh.—The treatment of catarrh of the cervical canal is often tedious and unsatisfactory, and hence we take pleasure in mentioning a new and apparently quite rational method of meeting this affection. Dr. Brondel, in *Revue médico-chirurgicale des maladies des femmes*, mentions a case of sterility resulting from cervical catarrh, and the successful treatment of the disorder, and states that iodine is the only remedy which gives satisfactory results. He considers that the best way of using the medicine is in its nascent state, as advised by Chéron. The method is as follows: Add two drachms and a half of iodide of potassium and fifteen grains of iodate of potassium to two ounces of water; then, by means of a rod wrapped with cotton dipped in the solution, apply it to the cervical canal; following this application by that of a solution of citric acid, two drachms and a half in two ounces of water, similarly made. The citric-acid solution immediately liberates iodine, and the latter in its nascent state is thus in immediate contact with the diseased part.—*Phila. Med. News*, May 16th.

Obstetrical Forceps as a Speculum and Protector to the Vagina in Operations upon the Fetus in Utero.—Drs. Jas. Price and G. G. Fauht state, in their paper, read at the Phila. Obst. Society, that even a casual observance of the records of gynecology shows them to be scored over and over again with cases, the sad history of which is the result of the reckless and unintelligent use of the obstetric forceps.

Cases are known in which the cervix has been entirely cut away, and in which in trephining the base of the child's skull the mother's sacrum has been sawn into. With such records before them, the writers feel that no apology is needed for presenting for the discussion of this Society a new and wise use for the forceps, as a protector of the soft parts, and for fixation of the head during operations upon the fœtus.

The design of this paper is to claim the *intentional* use of forceps as a protector of the soft parts of the mother and for fixation of the head. The only previous intentional use of the forceps in such manner, known to the writers, was some years ago by Dr. DeForest Willard, a member of this Society. In using the forceps after the manner referred to in the title, when the destruction of the fœtus is already indicated, a pair of forceps as wide in the blades as the diameter of the pelvis will permit, are applied in the ordinary way, and used for fixation and compression of the head while the vault is being perforated and broken or folded up, the retraction of the tissues by the instrument allowing safe and expeditious work. If preferred by the operator, the blades may be separated to their respective sides of the pelvis and held by assistants, recovering and locking them to make compression and traction.—*Md. Med. Jour.*, May 30th.

Endocervicitis. — Dr. J. K. Shirk writes: "There is one condition of the cervix uteri which resists all ordinary methods of treatment. I refer to that obstinate form of endocervicitis, in which a discharge quite similar to the white of an egg is poured out in great quantities. In all forms of cervical catarrh this secretion is produced more or less, but in the form I refer to the glands are remarkably active and produce immense quantities of this discharge. As said before, the ordinary forms of astringent and caustic applications will not cure this condition. I have found but

one remedy that will cure these cases, namely, an aqueous solution of chromic acid (3 j. to aqua ℥ j.). Four or five applications of this remedy at intervals of a week usually suffice." Another mode of treatment is to curette the glands. — *Amer. Practitioner.*

Tubal Pregnancy.—Mr. Lawson Tait reports three cases of tubal pregnancy, with consequent rupture of the tube, in which laparotomy was performed successfully. Mr. Tait has now saved eight women out of nine in whom a similar condition existed. This is a remarkable record, and we do not know which to admire most, the accuracy of the diagnosis or the promptness with which the emergency was met. In Mr. Tait's opinion, all cases of extra-uterine pregnancy are of the tubal variety. —*Brit. Med. Jour.*

Ovariotomy as Affected by Albuminuria.—Dr. W. T. Howard said to the Medical and Chirurgical Faculty of Maryland that Bright's disease of itself is no contra-indication for ovariotomy. Marion Sims had said to him only the last time but one that he saw him : "If we exclude cases of albuminuria from operation, we exclude many that will recover." It depends something upon the variety of the disease. Contracted granular kidney may last for years. Prof. Elliott, of New York, was strongly criticised for saying that all forms of casts are found in the urine of pregnant women, which disappear after recovery. But years after, he reiterated the statement, and said he had verified it. Prof. Howard had a case of puerperal eclampsia in consultation, where the urine was loaded with albumen. Barnes' dilators were used, delivery without laceration, and the woman recovered. The physical conditions which give rise to albuminuria in pregnancy are present in ovarian tumors, and the highest authorities on the subject unite in not considering it a contra-indication. The real reason for examining the urine for albuminuria is not to see whether it be safe or otherwise to perform ovariotomy, but to see whether to use chloroform or ether. If there be albuminuria use chloroform, as ether may probably give rise to suppression of urine.—*Phila. Med. News*, May 23d.

Subserous Fibroid Tumor of the Uterus—Ergot. — At the Amer. Med. Ass'n, Dr. Paine, of Texas, reported a case. The patient, an unmarried school-teacher, forty-three years old, commenced to complain two years ago of pelvic pain, and at the same time noticed a tumor in the abdomen. The tumor grew rapidly, encroaching upon the abdominal viscera, and seriously impeding respiration. Under heroic doses of ergot (ten grains of Squibb's aqueous extract, three times daily, hypodermically, as a maximum), kept up for a year, the tumor had rapidly grown less in size, and the woman was able to resume her avocation.

Dr. Nelson, of Chicago, could indorse the words of Dr. Paine, in his praise of ergot in fibroids, before adhesions to the omentum and the viscera had formed. The dose must be large, and kept up through a considerable period of time.— *N. Y. Med. Jour.*, May 16th.

Endometritis Fungosa—Subcutaneous Injections of Iron.—Mortinetti, Florence (*Annali di Ostetr.*, etc.), has tried in two cases of anæmia, in women suffering from *endometritis fungosa*, the intra-muscular injection of a solution of ferri citratis (2) and aq. laurocerasi (20), a hypodermic syringeful being injected each day. The gluteus muscle was selected. Of twenty-six injections made in one case, only *one* was followed by pain and hardening of the tissues, and the formation of an abscess was prevented by the constant use of the ice-bag. The results obtained are reported to have been brilliant.—*Detroit Lancet*, May.

Prolapse of the Urethral Mucous Membrane.—Dr. T. Addis Emmet reported (N. Y. Obstet. Soc.,) the case of a patient who had entered the service at the Woman's Hospital, complaining of constant micturition. She had had a number of growths removed from the urethra. At the last operation a red-hot knitting-needle had been applied to the mucous membrane of the urethra, and a condition of stenosis had resulted. The urethra had been inverted back into the bladder, because of the cicatrix at the meatus, which prevented it from prolapsing externally. The cicatrix was dissected off, a button-hole made in the urethra, and the excess of mucous membrane brought into the wound. After some weeks the artificial fistula was closed, and the patient was now quite well. The speaker was convinced that such a condition of prolapse was common, and that it was due to sliding of the entire mucous

membrane, from the neck of the bladder down to the meatus. before the pressure of the child's head.—*N. Y. Med. Jour.*, May 30th.

Extra - Uterine Pregnancy. — Through Lawson Tait and Prof. Freunde and others our clinical knowledge of this condition has much increased. After discussing the various views held by the observers mentioned, Dr. Jno. Morris (Med.-Chir. Faculty, Md.) said that the general opinion of the profession is that operation should not be undertaken at the time of the rupture of the sac, but be postponed till after recovery from the shock.

For the purpose of destroying the fœtus electricity has been used with great success. It must be employed before the termination of the third month of pregnancy. It not only kills the fœtus but produces its absorption. For the first, the faradic ; for the second, the galvanic current should be used. One electrode in the vagina is to be applied to the uterus and the other over the hypogastrium.—*Phila. Med. News*, May 23d.

Rapid Dilatation of Cervical Canal with the Urethral Sounds.—Dr. J. K. Shirk, of Lancaster, Pa., finds that the cervical canal can be dilated by means of ordinary conical steel bougies, such as are used in treating diseases of the male urethra. "One would naturally think," he says, "that the sharp curve of these instruments would be a great hindrance to their introduction into the womb ; but practically this is of very little moment, since the finger in the vagina can easily change the position of the womb so as to adapt it to the curve of the instrument."—*N. Y. Med. Record*, May 2d.

Uterine Fibroids in the Negress.—Negro women are almost as exempt from ovarian tumors, and especially from ovarian cysts, as the Jews are from cancer. When a colored woman consults you for an abdominal or pelvic tumor, the chances are a hundred to one that it is a uterine fibroid. If she gives a history of the slow growth of the tumor and of menorrhagia, and especially if with these symptoms there is an absence of ascites, and the tumor is round, firm, and mobile, you can scarcely be mistaken.—*The Clinique*, May.

Pelvic Hæmatocele. — Dr. L. B. Couch, of Nyack-on-Hudson, believes that he has devised a successful and simple treatment for arresting hemorrhage in pelvic hæmatocele. It consists simply in raising the foot of the bed till the patient lies at an angle of sixty degrees. Dr. Couch reports a case in which hemorrhage ceased, and life was apparently saved by this measure.—*N. Y. Med. Record*, May 9th.

Dysmenorrhœa—Phosphide Zinc. —Phosphide of zinc, two $\frac{1}{12}$ gr. pills before breakfast and supper, is recommended by Dr. Decoux in the *Union médicale.*—*Leonard's Med. Jour.*

PEDIATRIC.

Typhoid Fever in Infancy and Childhood.—Dr. Jules Simon publishes an elaborate article on this subject, in his "Conférences Thérapeutiques et Cliniques sur les Maladies des Enfants," tome ii., in which he makes the following distinctions between the typhoid of children and adults.

The pathology differs in some respects ; the occurrence of ulcerations being comparatively rare in the young subject, a fact which he explains by the cellular infiltration not being massed together as in adults, but disseminated.

The younger the patient the rarer it is to have ulceration. Intestinal perforation and hemorrhages are both rare in children, and sudden death scarcely ever occurs. The liver is frequently found enlarged ; the spleen is often not hypertrophied, and when there is an increase in its size this increase is notably difficult to detect during life.

The pathological lesions are apt to be abortive in type. Broncho-pneumonia is quite a common complication, and pulmonary and cerebral congestions are more prominent than in the adult.

Sometimes, after showing decided typhoid symptoms for seven or eight days, complete cessation of all signs of disease takes place, and complete recovery. Where the differential diagnosis is uncertain early in the disease, it definitely declares itself in about eight days. During the first week the symptoms may be decidedly cerebro-spinal, and constipation and vomiting are so commonly met with during this period as to make the diagnosis often very difficult.

Typhoid fever in childhood is most common between the eighth and fourteenth

year; it is rare under five years, and quite exceptional under two, but may occur at any age. The author, in speaking of the treatment, states that the cold bath should be avoided as dangerous in comparison with its use in adults.—*Boston Med. and Surg. Jour.*, May 14th.

Diarrhœa in Infants—Acids and Alkalies.—As to medicines for restraining diarrhœa, the choice of the practitioner will, in the first instance, lie mainly between the old-fashioned chalk mixture and a drop or two of dilute sulphuric acid. In very young children, and where the motions are very green, the chalk mixture will often act most satisfactorily; but sometimes it will fail to do any good, and seems to aggravate the sickness; and the acid treatment will be likely to succeed better.

There are two features of cases, it seems to us, which should lead us at once to prefer the acid treatment—irritability of the stomach and profuse perspiration. Cases of late dentition, with large head and other signs of rachitic constitution, generally do best under sulphuric acid. On the whole, for children who have arrived at the teething period, and in very hot weather, we think the acid treatment the better of the two. When the acid alone, suitably sweetened and diluted, fails, it will often succeed entirely with the addition of a slight quantity of tincture of opium. There can be no doubt of the value of this remedy for controlling both evacuation and the irritability which accompanies it; but it requires to be given cautiously, especially if a hydrocephaloid state threatens; a part of a drop or a minim will often suffice for all good purposes, repeated as need may dictate. Sometimes more decided astringents are wanted. The tincture of krameria, catechu, or the acetate of lead are among the best. Small doses of the latter medicine, such as a twelfth, an eighth, or a quarter of a grain, frequently repeated, with or without opium, will sometimes control cases that present all the features of bad entero-colitis. When once the evacuations are controlled, it is a great thing to abstain from doing too much, and to give the little body time to recover its lost functions and its lost weight.—(From editorial) *Midland Med. Misc.*, May.

Phosphorus in Craniotabes.—Dr. Betz, in his *Memorabilien*, states that, induced by the well-known influence which phosphorus exerts upon the bony system when taken internally, he resolved upon trying the effects to be obtained from its local employment in craniotabes or soft occiput. These he found most satisfactory; the softness disappearing at the end of some weeks' time, the fontanelle and the contour of the head becoming smaller, and the hair much more abundant. The sleeplessness and excitement also ceased. This beneficial influence did not attend the substitution of the local for the internal use of phosphorus in general rachitis. The formula Dr. Betz employed consisted in 30 grammes of olive oil, and one decigramme of phosphorus rubbed in night and morning, a strength which he does not think can be beneficially increased.—*London Med. Times*, May 8th.

Reflex Infantile Paralysis — Galvanism.—Dr. J. J. Caldwell, Baltimore, reports a case of this nature occurring in a child, aged two and a half years. There was a complete paralysis of both lower extremities, with a tendency to double talipes varus, with partial loss of sensation and a lowering of the temperature; there was also partial atrophy of the affected parts. During dentition a slight convulsion occurred, which was followed for several days by coma and paralysis. Galvanism was applied on alternate days for periods of fifteen minutes. The result was very flattering. From a paralyzed state the patient was able to stand alone and soon to walk around the room. Recovery.—*Va. Med. Mo.*, May.

A Colombian Opinion on Infantile Convulsions.—Dr. Evaristo Garcia mentions, in the *Revista médica* of Bogotá, the case of an infant of a few days old with severe and persistent convulsions, both tonic and clonic, which he successfully treated with very frequent small doses of bromide of potassium combined with chloral, warm aromatic baths being administered three times a day. He says bromide and chloral are important and valuable drugs in the treatment of infantile diseases, children bearing relatively larger doses of chloral than adults without vomiting or inflammation of the intestinal mucous membrane; they are, too, more susceptible to the hypnotic effects of bromide of potassium, which produces a calm sleep without convulsions or congestions, which at such an age makes opium a difficult remedy to deal

with. Although the bromide produces pruritis with a roseolous rash, it causes sleep and calms the patient.—*London Lancet*, May 16th.

Cellulitis of the Neck.—Deep-seated cellulitis of the neck is a form of phlegmonous erysipelas, and is most generally found in scrofulous children. As soon as the swelling and the discoloration begin to show themselves, treatment must be vigorous. Verat. vir., in small and oft-repeated doses, to reduce the quick pulse, and strengthen the heart with strychnine and belladonna. Baptisia is one of our best remedies in this form of erysipelas. Quinine is well borne by these patients in small doses. When the parts become very full and feel boggy and look brawny, then must incisions be made down to the cellular tissue; often pus lies under the deep fascia of the neck and must be let out. This is imperative. Remember to feed with highly nourishing food and aid digestion with pepsin and malt. Abundant ventilation.—*Geo. Ecl. Med. Jour.*, May.

Lead-Poisoning in Infants.—Dr. J. Löwy (*Wiener med. Presse*) reports three cases of lead-poisoning occurring in infants which deserve to be widely promulgated, especially among the laity, to avoid the causes leading to the intoxication.

1. A child of 5 weeks of age, nourished by a wet-nurse, was suddenly seized with violent colicky paroxysms, accompanied by a bluish-livid color of the skin. The cause was found to be the lead-containing face-powder of the child's nurse.

2. Another infant of the same age showed similar symptoms, which were traced to the use of lotions of Goulard's extract by its nurse, which she applied to her sore breast, without cleaning the latter thoroughly before nursing her child.

3. An infant of three months of age was taken suddenly ill with distinct symptoms of lead-poisoning. An examination revealed that the nursing bottle used by the infant contained a lead-cork, and that on account of a rupture in the rubber tube passing through this metal cork the lead came in direct contact with the milk.—*Therap. Gaz.*, May.

Catalepsy in a Child Three Years Old.—The literature of catalepsy is by no means inconsiderable, but the cases observed during childhood are but few in number. Monti quotes but eleven cases seen in children of from five to fifteen years, the average age being nine years. Dr. Jacobi, of New York, reports the first recorded case occurring in a child as young as three years; in it all the symptoms, psychic indolence, normal or abnormal temperature, cold surface, anæsthesia, analgesia, flexibilitas cerea, and diminished patellar reflex (the last is frequently intact), were found combined. The increase of urine during a good part of the catalepsy was a remarkable feature, such as is seen in hysteria of both adults and children.—*Amer. Jour. Med. Sc.*

Danger from Sudden Changes of Temperature.—The deleterious effects of a rapid change of the bodily temperature are so decided that it is really surprising that the abuse of ice-water or of baths in summer does not frequently lead to directly fatal results. The *Deutsche medizinal Zeitung* of February 9, 1885, reports the case of a girl of ten years of age, who took a cold bath while in a very heated condition. The result was an intense asthmatic paroxysm, threatening actually her life. Medical aid could fortunately be speedily summoned and chloral exhibited.—*Therap. Gaz.*, May.

Peripheral Monoplegia—Dr. Suckling showed to the Midland Med. Soc. a case of peripheral monoplegia in an infant aged five months. The paralysis dated from birth, great difficulty being met with in delivering the shoulder. There were anæsthesia and contraction. The reaction of degeneration was present in a severe degree. He believed the accident to be a very common one, and urged the necessity of immediate treatment. — *Birmingham Med. Rev.*, May.

Tonic for Children.—The following is an excellent general tonic mixture for children.

℞	Potass. bromidi		gr. l.
	Acid. phosph. dil.		
	Tr. ferri chloridi	āā	ʒ ij.
	Syr. limonis,		
	Aquæ dest.	āā	℥ jss.

M. SIG.—A teaspoonful every four hours, for a child from three to five years old.

—(Dr. W. B. Atkinson) *Med. World*, May.

Foreign Bodies in the Nasal Fossa of Infants.—Dr. Paul Koch (*Annales des maladies des oreilles*) reports the case of a

child, aged three years, which was treated for a number of months for a purulent catarrh of the left nostril, where rhinoscopic examinations failed to reveal the presence of a foreign body, but, on applying a tepid water douche frequently a large piece of orange peel was thrown off from the nose. —*Cin. Lancet and Clinic.* May 30th.

SURGICAL.

Removal of the Marrow of Long Bones in Cases of Osteo-Myelitis.—In the initial number of the *Annals of Surgery* Mr. C. B. Keetley, the home editor, gives an original memoir on removal (by scraping out) of the marrow of long bones, and especially on this proceeding as a treatment of osteo-myelitis, and also on the same followed by the local application of corrosive sublimate solution and of iodoform. Three cases that had been treated by the author are published here, which, together with cases of amputation recorded by Stoll and Petrowski, prove to demonstration the safety with which the medullary cavity of a long bone can be opened, scraped out, drained, and treated locally by powerful germicide drugs. This proceeding, Mr. Keetley states, is followed by little or no pain or constitutional reaction, or danger to the life of the bone. That marrow is not essential to the life of a bone, is proved by such facts as that certain bones of birds have no marrow, and that, as shown by the experiments of Maas, not only can bones live without marrow, but, when fractured, they unite just as well if deprived of it as if left in the normal state. This method of treatment, it is argued, fulfils the indications of removing the diseased tissues thoroughly, and by it the possibility is proved of accomplishing this object without sacrificing the bone or the limb. Mr. Keetley concludes with the following practical observations. "1. In the face of Schede's statements as to the dangers of using iodoform too freely, and on the occasional existence of idiosyncrasy with regard to that drug, he would hesitate to imitate the surgeons who fill the medullary cavity with it. Moreover, the cases reported in this memoir show that it is superfluous to do so. 2. If the shaft of a long bone cannot be thoroughly scraped out through a lateral hole, the bone may be completely divided, and yet speedy and thorough union reckoned on." —*London Med. Record.*

Laparotomy for Traumatic Aneurism of the Abdominal Aorta.—Prof. Loreta, of Bologna, operated upon a sailor who was suffering from an abdominal aneurism caused by a blow. An incision was made from the ensiform cartilage to the umbilicus, the aneurism exposed, and its cavity filled up with two metres of silver-plated copper wire. Twenty days later no trace of pulsation remained in the sac. On March 9th, the patient had quite recovered, and was able to resume his duties.—*British Medical Journal.*

Iodoform Injections in Abscesses.—The iodoform is dissolved in glycerine; the pus is evacuated with an aspirator; then the solution is injected. For every fl. ounce of pus drawn off, 4½ grains of iodoform in solution are injected. This treatment is recommended in cold abscesses also, which are often scrofulous. It destroys the pyogenic membrane and promotes healthy granulations.—*Ecl. Med. Jour.*, May.

Some Points in the Surgery of the Hypertrophied Prostate.—Dr. J. W. S. Gouley, of New York (Amer. Surg. Ass'n), gave a *résumé* of our knowledge of the subject, under the following heads: 1. The determination, by physical exploration, of the size of the hypertrophied prostate, and the character of the obstruction to urination. 2. The circumstances under which medicinal treatment possesses value. 3. The selection of catheters. 4. Certain accidents of catheterization, especially false routes. 5. Evacuative catheterization: its good effects and its dangers. 6. Vesical irrigations to combat cystitis: their use and abuse. 7. Prostatotomy and prostatectomy: their indication and contra-indications. He presented many forms of catheters and instruments for removing portions of the prostate through the urethra. He advocated the exclusive use of soft catheters. On emptying the bladder in cases of retention, he insisted upon the gradual removal of the urine, and the subsequent injection of a solution of boric acid. He described the operation which he had first done, and for which he claimed priority. This consisted in reaching the prostate through the perinæum and incising it. This was similar to the operation since described by Harrison.

Dr. Gross considered the operation through the perinæum to be much better than one through the urethra.

Dr. Prewit indorsed the recommendations of Dr. Gouley.

Dr. Moore likewise agreed with Dr. Gouley in his statements. He also referred to a plan which he employed in cases of contracted bladder where there was frequent desire to urinate. This was to advise the patient to try to restrain his desire. By so doing the tolerance was increased, so that after a time the patient could hold the urine for four hours at a time. He described a case in which he had been called on to relieve retention in a man ninety-five years of age. The use of a catheter was required for some time, but finally the patient gained control over the bladder and lived to the age of one hundred and five years. This was the oldest patient he had any thing to do with.—*N. Y. Med. Jour.*, May 2d.

Distension of Frontal Sinus Treated by Incision and Drainage—Cure—(Under the care of Mr. Higgins, Guy's Hospital).—Distension of the frontal sinuses from the accumulation of fluid is somewhat rare, especially when the fluid is non-purulent. Incision, with the application of the trephine, when the bone has not been absorbed from pressure or removed by disease, followed by free drainage, is the best treatment. In addition to the ordinary external opening, Mr. Higgins made one from the distended sinus into the nasal cavity, thus providing further drainage and allowing the external wound to close at an earlier date.

Eliza H——, aged eleven, admitted July 20, 1884. The history was that usually given in these cases—a blow across the nose from a fall six or seven years previously. Some eighteen months later the child had scarlet-fever, and at that time a small abscess formed at the inner canthus of the right eye; this burst and gave no further trouble. Two years ago the right eye began to water, and a swelling appeared at the side of the nose; this has gradually increased. On admission there was a fluctuating swelling surrounded by irregular bony edges, situated at the inner angle of the right orbit rather above the position of the lachrymal sac. The swelling is rather larger when the patient is in the erect position than when lying down; it is also rather smaller in the morning than later in the day.

July 21st.—An incision made into the swelling gave exit to a large quantity of thick, opaque, yellowish discharge; the finger passed through the incision entered a considerable cavity. An opening was made through the lower part of the cavity into the superior meatus of the nose, and a drainage-tube passed through it and out at the right nostril, and left with one end projecting through the incision and the other through the nostril. The drainage-tube remained in position till November 10th (nearly four months), when it was removed.

Dec. 8th.—Opening where drainage-tube projected quite closed; replaced by small depressed cicatrix. An irregular bony edge can still be felt, but the fluctuating swelling has entirely disappeared.—*London Lancet*, May 9th.

Guérin's Dressing of Wounds.—Dr. A. Guérin said, at the French Surg. Congress, that he wished to demonstrate the value of his dressing in transporting wounded patients. For twenty years he held that purulent infection and erysipelas were contagious, and that they were transmissible by the air; so he took to his system of filtration of the air. In 1870 he had said that these fermenting principles penetrated the wounds, and it was by filtering the air that he had succeeded first in preventing the entry of the destroying microbes, and had preserved the wounds from them. (This system is now adopted in all of the hospitals of Paris, antiseptic cotton wadding being applied to all wounds.)

He then proceeded to show how, with his dressing, patients could be transported even in wagons without springs. Those who have followed his hospital service have seen him press with all his weight on wounds without pain to the patient. It is well understood that immobilization is the rule, and one would be surprised how solid a part can be made with wadding and bandages. After forty-eight hours the bandages give way, and they must be renewed. He contended that his system is all that is needed to immobilize a part so that the patient can be transported. Dr. Guérin closed by hoping that his system would be tried by all, and in military surgery in particular.—(Paris Letter) *Phila. Med. Times*, May 16th.

Treatment of Compound Fractures by Wiring and Drainage.—Dr. W. P. Verity, of Illinois, read a paper before the

American Medical Association at New Orleans on the treatment of compound fractures by the above method. He claims the following advantages for this method of treatment:

1. All points of bone and injured tissue fragments likely to act as irritants are removed.

2. It is obvious that, as a rule, there can be no shortening.

3. No extension is needed, and thus the necessity of complicated apparatus, which too often interferes with proper antiseptic dressings, is done away with.

4. Proper retention of the fragments in place is presumably secured, thus avoiding any possible danger of the fragments overriding and irritating the soft tissues.

5. The bones unite more quickly for reasons which will be obvious when the principles which underlie all procedures to secure union of ununited fractures are recollected.

6. Drainage, besides its other advantages, prevents extension of the inflammation.—*Louv. Med. News*, May 30th.

Abscess Emptied without Cicatrix.—To cure an abscess without a cicatrix, Dr. Quinlan uses a silver wire passed through the abscess, before it has reached the skin, and retained there. It acts as a drain, he says, and has never failed in his hands.—*Med. and Surg. Rep.*

Small Cancerous Tumors.—A correspondent advocates treating small cancerous tumors by arsenical paste, after a preliminary hypodermic injection of cocaine. He reports one case where this plan appears to have been efficacious.—*British Med. Jour.*

Cerebral Surgery.—Gilbert Barling, F.R.C.S., Birmingham, writes: "At the discussion at the Medical and Chirurgical Society last week it was stated that one of the difficulties to be contended against in operations on the brain was that of controlling the hemorrhage. For this I would suggest pressure by decalcified sponge, such as is used in sponge-grafting. Three times I have used it, or seen it used, for stopping hemorrhage from cerebral sinuses, and once for bleeding from brain tissue; in each case it acted most satisfactorily. After some hours the sponge may be removed, or it may be gradually clipped off with a pair of scissors until only a very thin layer remains.—*London Lancet*, May 23d.

Acute Abscesses.—Prof. S. W. Gross says it is a mistake to apply a poultice to an acute abscess after its contents have been evacuated. The endeavor should be to prevent and not to encourage the further formation of pus. To do this the cavity of the abscess should be syringed out with a 1 to 1000 solution of mercuric bichloride, and the walls brought together by compresses and a bandage, and union allowed to take place by granulation. If the abscess be of large size a drainage tube should be left in for a couple of days until the serous oozing has been reduced to a minimum. The tube should then be taken out and the walls brought close together. If the healing process be delayed by the development of flabby œdematous granulations, they can be stimulated to healthy action by the injection of a three-per-cent. solution of carbolic acid, or the application of chloride of zinc—gr. iij., aqua ʒ j.—*Med. Bulletin*, May.

New Method of Reducing Dislocations of the Hip.—An anæsthetic having been administered to the extent of producing complete muscular relaxation, the surgeon stands over the recumbent patient, whose leg he flexes upon the thigh, and raises the thigh to a right angle with the body, bringing the foot between the surgeon's legs, so that its dorsum rests against his nates. If then the surgeon, passing his right arm beneath the flexed knee, lifts the hips of the patient well from the bed or floor, and holds them thus suspended for a very short time, the head of the femur will quickly be drawn back into its socket. The weight of the hips and opposite leg rotates the body outwards, producing just sufficient abduction and extension to quietly draw the head of the femur through the slit in the capsular ligament, and direct it into the acetabulum.—(S. J. Allen, M.D.) *Annals of Surgery*, May.

Thermo-Cautery in the Treatment of Spontaneous Gangrene.—Dr. Dessette recently published in the *Journal de méd. de Paris*, a case of gangrene of the left foot, incident to diabetes mellitus, which was successfully treated with the thermo-cautery. The case is of interest from two points of view: (1) It shows the influence of alcohol in producing gangrene in diabetics; gangrene of the extremities is not frequent in diabetics—one case in fifty being unusual; and, what is remarkable,

the case exists in connection with alcoholism, having required, as it seems, a double diathesis—the alcoholo-diabetic—to cause the gangrene. (2) It presents an instance of cure without recourse to the bistoury. The diseased parts must be thoroughly cauterized as the gangrene progresses; and, though the patient may thus lose one or more toes, or the foot itself, he is finally cured.—*Midland Med. Misc.*, May.

Fæcal Fistula.—Mr. Jessop (Leeds and West Riding Medico-Chir. Society) showed a man on whom he had operated for fæcal fistula, the opening being high up in the jejunum, as shown by the motions being liquid and full of bile. The patient had been stabbed in the abdomen several years before, and had ever since had the fistula, for which he had been several times unsuccessfully operated on. The operation consisted in opening the abdomen, detaching the intestine from the abdominal walls; refreshing the edges of the opening in the gut, which was of the size of a shilling, and placed opposite the mesenteric attachment; carefully suturing the edges of the gut by twelve carbolized silk sutures, eleven being passed from within outwards, and the twelfth from without inwards, through all the coats of the bowel; returning the closed bowel; and stitching up the abdominal opening, as in ovariotomy. Flatus passed a few hours afterwards, and, after the second day, the temperature continued normal. The man recovered without a bad symptom. Mr. Jessop remarked that this was the second case he had successfully treated by this method.—*British Med. Jour.*, May 2d.

Autoplasty.—Dr. F. Formento, of New Orleans, at the Amer. Med. Ass'n, referred to the great advancements that have been made in the numerous branches of surgery within the last half century, and more especially the advance that has been made in this peculiar branch within a few years. So great indeed have been the improvements that it has been made a special department. Autoplasty proper is the restoration of tissues taken from the region of the face by disease or injury. In some instances it implies the taking of tissues from other parts of the same individual or from another. Two cases were then reported in which the cheek and a greater portion of the upper lip had been torn away from the face of a young lady, rendering her not only unsightly, but unable to eat or talk on account of the enormous growth of cicatricial tissue that had resulted. The jaws could be separated only wide enough to admit the end of the little finger. Eight teeth remained in the jaws, but were forced into an almost horizontal position. The dangers of so extensive an operation as that which would be required for the relief of the case were explained, as well as the great possibility of the measure failing. The procedure was, however, urged. The first step was to dissect up all the cicatricial tissue in all directions as freely as possible. The large bands were then removed. A flap large enough to cover the denuded surface was then dissected from the neck, a good amount of adipose tissue being taken with it. This was secured to the denuded surface. Several others had to be taken from the neighboring parts before the surface was covered, for so great was the tension that after the cheeks had been as freely dissected from the bones as possible, they could be drawn so as to cover only about a third of the surface. Sixty sutures were required to retain these flaps. These were removed at different intervals, and on the fifteenth day the patient was able to be out of bed.

The second case was that of a woman in this city who consulted a quack cancer doctor for an insignificant wart upon her nose. Caustics were applied, and when the small wart was removed there was left a large hole in the nose many times as large as the original. This did not heal, but gave her so much pain that the sense of smell was destroyed and the Schneiderian membrane was constantly irritated. In the operation for its relief, he dissected up flaps from either cheek large enough to cover the ulcer, after the edges of the latter had been vivified by scraping with the knife and a spoon. The flaps were closely united, and union took place by first intention. The result was perfect.—*Phila. Med. News*, May 16th.

Carbuncle.—Dr. J. V. Shoemaker, of Philadelphia, has used the following for external application:

℞	Naphthal	gi. x
	Ext. of arnica	ʒ ss
	Oleate of lead	ʒ iij M.

This produces a very soothing effect. He has failed to obtain such good results with the alkaloid oleates, as have been reported by other observers.

Dr. Savage, of Jacksonville, surrounds every carbuncle with a zone of cantharidal collodion for from one-half to one inch in width; this draws a blister and relieves pain. He makes a small incision, also, if pus has formed. In one case he applied a cantharidal plaster over the whole tumor and extending beyond it, with excellent results. He gives calcium sulphide internally, a quarter of a grain, four times daily.—*Jour. Amer. Med. Ass'n*, May 16th.

MISCELLANEA.

Pocket Battery.—The design or illustration of this novelty is such as to lead us to believe it to be a very handy thing to have in one's office, or to slip in one's pocket when called to cases requiring electrical stimulation, as, for instance, in cases of narcotic poisoning.

The Electro-Med. Battery Co., of Kalamazoo, Mich., will send you particulars.

Sedum Acre in Diphtheria.—Duval, of Madrid (*Siglo Méd.*) speaks in praise of this remedy, which he has employed in a great number of cases with perfect success. He gives small doses of the decoction every hour. Violent vomiting is produced, during which the false membrane is expelled. Besides loosening the membrane, the drug is said to disinfect the affected surfaces and to prevent fresh deposits. The juice is said to act powerfully as a local astringent.—*N. Y. Med. Jour.*, May 23d.

Artificial Limbs.—A. A. Marks, New York City, has an illustrated pamphlet, 158 pages, which he sends free to all who are interested in his specialty.

Some wonderful cases are cited, which, however, are not too wonderful to be true, of the uses of the rubber hand and foot, as substitutes.

Constipation and Dyspepsia.—Prof. Da Costa prescribed, for a woman complaining of *constipation* and *dyspepsia*, the following:

℞	Ext. belladonnæ	gr.	$\frac{1}{10}$
	Strychninæ sulphat. . .	gr.	$\frac{1}{60}$
	Pulv. aloës	gr.	$\frac{1}{10}$
	Olei cajuputi	gtt.	j.
	Extract gentianæ	q. s.	M.

SIG.—One pill ter die.

—*Col. and Clin. Record*, May.

Physicians' Road Cart.—Prof. Allen is quoted as giving preference over others to the "*Perry*," made by the Abbott Buggy Co.

It looks as if the days of the old-fashioned "sulky" in Chicago and thereabouts have been numbered, and their account closed.

Send for a photo. of the "Perry."

Oxyuris Vermicularis — Mercurial Suppository.—Dr. K. F. Purdy, of Elkader, Ia., writes: "Referring to your correspondent who asks for a remedy for seat-worms, I will say that a three-grain suppository of mercurial ointment, repeated every second night until three have been used, will destroy seat-worms root and branch.—*N. Y. Med. Record.*, May 9th.

Pill Petrolei Comp.—Carey & Co., New York City, the manufacturers of this anti-zymotic pill for diseases of the throat and lungs, also supply a novel pulse and temperature card, a sample of which will be given for the asking.

Stricture—Hydrostatic Dilatation.—In urinary obstruction, due to prostatic hypertrophy or thickening of the mucous membrane of the urethra, Professor A. B. Palmer says that relief can frequently be obtained, and the evils of catheterization avoided, by simply making the stream of urine act as a hydrostatic dilator in its passage. This can be readily done during micturition by compressing the urethra between the thumb and fingers, so that no urine can escape. An effort is to be made at the same time to forcibly empty the bladder. The result is that the urethra is gently and uniformly distended without risk and without pain. This distention can be obtained and sustained at will, and in a majority of cases, if daily repeated, will soon be followed by the power of almost completely emptying the bladder, with a fair and often a full stream.—*Med. Bulletin.*

Oxygen Gas.—Charles Beseler, of this city, claims special facilities for the prompt supply of pure oxygen gas at any time, day or night, and will send a competent man to work the apparatus.

People who are in the habit of *blowing* out the gas on going to bed, instead of turning it off, will do well to put this notice in a conspicuous place.

Salicylate of Sodium in the Treatment of Migraine.—Cutierrez (*Paris méd.*) recommends this drug very highly,

fifteen grains being administered in two doses, with an interval of a quarter of an hour. He states that speedy relief is experienced after taking the first dose, and that when the second one is taken the pain vanishes completely.—*N. Y. Med. Jour.*, April 18th.

Stammering.—A correspondent writes that any one may be cured of stammering by simply making an audible note in expiration before each word.—*London Lancet.*

Dr. Chisholm's Neurometer.—Dr. Chisholm recently exhibited his new instrument and its operations to Drs. Taylor, Tingle, Moore, and others in Cambridge, and they all expressed themselves as highly pleased with it, and think it will prove a very useful aid to the physician in the study of disease. They advised him to attend the American Medical Association at Washington City, and show the working of his wonderful invention. The doctor's address is New Concord, Ohio, where he can be written to for particulars.—*New Concord Enterprise.*

Sleeplessness.—In inflammatory diseases, when patients cannot sleep, but require it, and unless there exists some contra-indication, Prof. Gross prescribes :

℞ Potassii bromidi . . . 3 ss.
Chloral . . . . . gr. xv.
Morphinæ sulphat. . . gr. ½
Syrup. aurant.,
Aquæ . . . . . āā 3 j. M.

SIG.—Pro re natâ.

—*Col. and Clin. Record*, April 1st.

City Physicians' Phæton.—The Babcock Buggy Co., of Watertown, N. Y., offer special inducements to city physicians in quest of a stylish carriage, and will send illustrated price-list free, upon receipt of address.

Vertigo.—For gastric vertigo, with disturbed circulation, Professor Da Costa administered, in the case of a man—

℞ Argenti oxidi . . . gr. ss.
Ext. hyoscyami . . . gr. ij.

M. SIG.—In pill form, ter die.

He also prescribed pepsin at meals.—*Col. and Clin. Record.*

Dyspeptics and Diabetics—Gluten Flour.—The absolute importance to this class of patients that they receive proper diet is a fact too well known to question. The Gluten Flour prepared by Messrs. Farwell & Rhines, Watertown, N. Y., as appears from a long array of testimonials, exactly meets the requirement of such patients. Send for their circular.

Conium for Sleeplessness.—Drachm doses of fluid extract of conium allay and often cure sleeplessness, and are useful in chorea, spasm of paralyzed limbs, and general irritation.—*Med. World*, May.

Bromides.—Bromide of soda may be substituted for common salt for table use in cases of headache, or even in epilepsy and other diseases requiring the constant use of the bromides.—*Indiana Pharm.*, May.

Bulb Suppositories.—The Western Suppository Co. have issued a neat and very instructive pamphlet, containing many valuable formulæ adapted to all diseases capable of treatment by suppositories ; and it will pay the practitioner who desires to keep abreast of the times to send for a copy, which will be forwarded gratuitously.

Ligation of Vessels.—Dr. N. Senn summarizes the results of a careful study of the literature of the subject and a series of experiments which he has performed in the following conclusions :

All operations on blood-vessels should be done under antiseptic precautions.

The aseptic catgut ligature is the safest and most reliable agent in securing provisional and definitive closure of blood-vessels.

Permanent obliteration in arteries takes place in from four to seven days, in veins from three to four days.

In ligating vessels in aseptic wounds the vessel sheath can be opened freely without compromising the integrity of the vessel tunics, and such procedure renders the operation safer and easier of execution.

The double aseptic catgut ligature should be preferred to the single ligature in ligating large arteries in their continuity near a collateral branch, and should always be employed in operations of tying varicose veins in their continuity as the safest and most effective measure in producing definitive obliteration.—*St. Louis Com. Med.*

Apomorphine for Alcohol Poisoning.—Dr. Ensor, district surgeon at Port Elizabeth, in a letter to the *Port Elizabeth Telegraph*, relates a case of alcoholic poisoning successfully treated by the subcutaneous injection of one fifth of a grain

of apormorphia, which he states is interesting as an instance of life saved by the prompt administration of a new remedy for narcotic poisoning, especially when insensibility is too complete for the administration of an antidote by the usual route.—*Druggists' Cir.*, May.

Simple Test for Lead.—A simple test for the detection of lead in drinking-water is provided by tincture of cochineal, a few drops of which will color the water blue, if there be the remotest trace of lead present. —*Med. World*, May.

Nurses' Sore Mouth.—In all cases of nursing sore mouth, there may be found, upon careful inquiry, wrong of the uterus. There is nearly always more or less leucorrhœa, and the discharge is frequently of an offensive, irritating character. The internal administration of eupatorium, alternated or combined with hydrastis, will always help in such cases, and they will many times accomplish every thing desired.

℞ Mother tincture eupatorium aromaticum . . . . . ʒ ij.
Fluid hydrastis . . . . . ʒ ij.
Water . . . . . ℥ iiiss. M.
SIG.—One teaspoonful every hour.

It is surprising to see how rapidly some cases of nursing sore mouth heal under the influence of this simple prescription. The burning mouth and tongue are cooled; the leucorrhœal discharge is modified, lessened, and not infrequently entirely stopped; and the nervous element of the disease, characterized by morbid watchfulness, throbbing headache, etc., is perfectly controlled in most cases. Eupatorium is said to be a remedy for nervousness, but we have never observed that its virtues were very marked in this regard except in this terrible disease, so frequently met with in nursing women, but here it certainly is a first-class remedy. —*Amer. Med. Jour.*

BOOK NOTICES.

Transactions of the New York State Medical Association for the year 1884. Vol. I. Edited for the Association by Austin Flint, Jr., M.D. 8vo., pp. 653. New York: D. Appleton & Co.

There are two State Medical Associations in New York, the one accepting the "code," the other rejecting it. The present volume prints the code as its rule of action. It may therefore be considered the "regular" society.

This volume is a most promising guaranty for the future usefulness of the Association. It has a large list of papers, nearly all of them of the first order of merit, and generally the result of original research. They are nearly equally distributed over the fields of surgery, medicine, and obstetrics. The appearance of the volume is much superior to that generally seen in society transactions.

The editor has done his part of the work with scrupulous fidelity. Certainly, if the Association continues to issue volumes of equal merit, the profession will have reason to be glad of the circumstances which brought it into existence.

The publishers have performed their work in perfect taste.

Clinical Studies on Diseases of the Eye, Including those of the Conjunctiva, Cornea, Sclerotic, Iris, and Ciliary Body. By Dr. F. Rittei von Arlt, etc. Translated by Lyman Ware, M. D., etc. Cloth, 8vo, illustrated, pp. 385. Price, $2.50. Philadelphia: P. Blakiston, Son, & Co., 1885.

Prof. Arlt, of Vienna, has for many years ranked among Germany's most successful teachers in diseases of the eyes, and, as a writer and a practitioner, has achieved a fame as extensive as the bounds of civil society. The result of this long practice is presented in the work before us, and, as the translator observes, it is the essence of an experience which reaches over half a century.

Beginning with the inflammatory affections of the conjunctiva, he passes to those which are non-inflammatory, and then to diseases of the cornea, of the sclerotic and the iris. His style is clear, and his pages contain a vast amount of information, couched in such language that it will be equally instructive to the general practitioner and the specialist.

The publishers have taken pains to present the volume in a highly attractive style.

Compend of Obstetrics. By Henry G. Landis, A.M., M.D., Prof. of Obst. and Diseases of Women in Starling Med. Col., etc. Second edition, revised, enlarged, and newly illustrated. Philadelphia: P. Blakiston, Son, & Co. 1885.

The author designs this little book to furnish a useful Quiz Compend for students.

It is believed that the system of question and answer brings out the important facts in Obstetrics more clearly than can be conveyed to the mind by the method of continuous description.

The reader will not expect this to contain exhaustive articles embodying the views of all prominent authors and teachers.

It does, however, contain a large amount of *practical* information, and the *practical* are the kind of books in which to invest one's money.

Dental Surgery for Practitioners and Students. By Ashley W. Barrett, M.B., Lond.; M. R.C.S., etc., Dental Surgeon to the London Hospital. Philadelphia: Presley Blakiston, Son, & Co. 1885.

This little work does not dwell upon many subjects especially within the scope of dentistry—such as the filling of teeth,—but has reference to such conditions of them as may affect the system through sympathetic irritation arising from dental caries and malpositions.

It is a work which should be familiar to all physicians, and is of especial value to the county practitioner, who often officiates as dentist in neighborhoods where the latter does not abound.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE

EDITED BY
WALTER S. WELLS, M.D.

VOL. II. No. 7. July, 1885. WHOLE No. 19.

ZYMOTIC.

Some of the Chemistry of Cholera.—An investigation of the changes which epidemic cholera produces in the bile and alvine dejecta has been conducted by M. Gabriel Pouchet. The author has made six analyses of bile collected from the gall-bladder very soon after death from cholera. A large proportion of albumen was found in the gelatinous fluid. The albumen forms, with the mucin, the greater part of the residue resulting from evaporation. The bile was very watery. In every case the presence of leucin, tyrosin, glucose, and fatty globules mixed with fatty acid and cholesterine was detected. After separation of the albuminoid matter by strong alcohol, the colorless liquids, precipitated by acetic acid, become slowly colored of a brownish-green. The precipitate produced by acetic acid is formed of cholic and choloidic acids and dyslysin, which shows that a decomposition of biliary salts may take place in the gall-bladder. The alvine excreta were almost colorless, very watery, and contained a considerable proportion of urea and chloride of sodium. The vomit frequently contained the elements of bile. Ptomaine, extracted by exhaustion with chloroform, presented itself as a colorless liquid having the characteristic odor of pyridic bases, oxidizing in air and light with great rapidity, and acquiring at first a rose color, and afterward a brown. A marked alkaline reaction is given; it forms a chlor-hydrate, which is easily dissociated by elevation of temperature or in a vacuum. Attempts to purify the alkaloid were made, but the purified product had but little toxic effect when injected under the skin of guinea-pigs, though the original alkaloid killed a frog in less than two hours.—*London Lancet*, June 20th.

Treatment of Cholera.—Professor Da Costa, in a lecture on this subject at the Jefferson Medical College, expressed the following views:—

Prophylaxis.—Since filth of all kinds leads to a rapid production of the germs, the locality should be rid of the same. The dejecta and cesspools should be disinfected. Inspect the source of water supply, since the germs can obtain easy access to wells. Drink only filtered water. Speedy burial of the dead should be urged. No change in diet is necessary. Live as usual. Better avoid stimulus in the prophylactic treatment. Among the disinfectants to be used are corrosive sublimate, zinc chloride, cupric sulphate, iron sulphate, and permanganate of potassium.

Internal Treatment.—Must check the early diarrhœa if you desire to be successful, for, in most cases, if you stop this you put an end to the disease. For this purpose the most valuable are sulphuric acid in combination with tr. opii deod., with aq. menth. pip. In India the acetate of lead, grs. iv., with pulv. opii, gr. j., at once with the diarrhœal outbreak, and continue every three hours until it checks the discharges. If the above cannot check the diarrhœa, use capsicum, gr. j., with opium and camphor.

Second Stage.—Here we have cramps, vomiting, and purging. Now, stop the use of fluids; allow but little ice in the mouth. This is a point of great importance. As little food as possible. Stimulus in small amounts, but frequently repeated. Mustard to the epigastrium. Administer, every hour or two—

℞	Tinct. capsici	gtt. ij.
	Tinct. opii deod.	gtt. x.
	Aquæ camphoræ	f 3 ij. M.

If stomach does not retain the opium, give it hypodermically; but, if possible, give it by mouth, since it appears to have a

local effect. To relieve the cramps, use chloral subcutaneously, in large amounts. When reaction has set in, allow fluids to wash out the kidneys. If he has not reacted, and is not doing well under opiates, try calomel, especially in cases in which the secretions have not been arrested by opium. Give at first, gr. v. to gr. x, then order gr. ½ every hour or so. When the pulse is sluggish, the temperature below normal, use friction and a hot bath. In this the stage of collapse, stimulus will not be absorbed or it would be of utility, though brandy or whiskey might be tried hypodermically.

Caffeine, gr. iss.-gr. ij., hypod., stimulates the heart's action. If still the patient fails and the veins are swollen, etc., resort to blood-letting, but possibly the injection of fluids into the veins is better; often the results are marvellous. The thickened blood is made to circulate. Use for this purpose:

℞	Sodii chloridi	ʒ j.
	Sodii carb.	ʒ iij.
	Aqua	O vi.

M. Warm to the temperature of 108° and slowly inject ʒ ij per minute into a vein until ʒ xl have been thrown in. If necessary ʒ xl more may be injected after a short time, but it will not be advisable to exceed that amount.

After reaction has been established there is still danger of death from secondary irritative fever, or from uræmia due to the clogging of the uriniferous tubules with cast-off epithelium.—*Col. and Clin. Record*, June.

Early Diagnosis of Typhoid Fever.—Dr. Hardy calls attention to the following symptoms which he regards as in a certain sense characteristic of typhoid fever in the earliest stages (*L'Union médicale*, No. 6, 1885): There is cephalagia, most often frontal, but sometimes occipital, and radiating into the neck, which may be somewhat stiff. The patient lies habitually on the back, and seldom moves. The face is somewhat pale, the countenance without expression, in general serious and grave, and a smile is seldom provoked. When the person is addressed directly he answers briefly and in monosyllables, although the intelligence is at this period usually unimpaired. There may be a little delirium at night, and insomnia is very constant. The tongue is red at the edges and at the tip, but whitish on the dorsal surface. The spleen is increased in volume. Diarrhœa, when present, is accompanied with iliac gurgling. The temperature is elevated, but the pulse is not very frequent, is full and resisting, and sometimes dichrotic, though this is of less common occurrence than is generally supposed. The urine is usually diminished in quantity. The so-called *tache cérébrale* is readily produced; but of more importance, as more especially diagnostic of typhoid fever, is the *corde musculaire*. If the biceps muscle be pinched between the thumb and index-finger and snapped, like a guitar string, a circumscribed contraction will occur at that point, with the formation of a hard, tense swelling, which disappears after a brief period. If the patient, in whom no well-defined local trouble can be discovered, presents all the above-described symptoms, the diagnosis of typhoid fever can, Dr. Hardy claims, be made with almost absolute certainty.—*N. Y. Med. Record*, June 20th.

Abortive Treatment of Typhoid Fever by Mercurial Inunction.—None of the measures as yet suggested to abort typhoid fever have materially influenced its treatment by physicians in this country or in England, whatever may have been the impression they have made upon the continent of Europe. The latest treatment, although a modification of the mercurial plan which has been for some time before the profession, promises results which demand for it a trial, based as it is on an experience with one hundred cases, recently published by Dr. Kalb, in the *Berliner klin. Wochenschr.*

Dr. Kalb's method is to rub into the skin 90 grains of mercurial ointment, daily for six days, the first application being made to the abdomen, and at least half an hour being consumed in the friction, which must not, however, be trusted to the patient himself. On the second day the ointment is to be rubbed on the inner side of one thigh, on the third on the other thigh, on the fourth again on the abdomen, on the fifth on one of the thighs, and on the sixth on the remaining thigh. The inunction is preferably made in the evening. The ointment is not quite fresh, but slightly rancid, since it is believed that a greater uniformity of result is obtained.

Coincidently, Dr. Kalb administers a powder containing 7.5 grains of calomel and three quarters of a grain of opium

every five or six hours, the opium being added to prevent the calomel from acting as a purge. No other medicine is given except alcohol, which is, however, administered in full doses.—*Phila. Medical News*, June 6th.

Ice to Bowels in Typhoid Fever.—Dr. J. M. Da Costa speaks favorably of ice-water applications to the bowels as a means of reducing the high temperature during typhoid fever. It is applicable when a general bath is not, and frequently will reduce the temperature after large doses of quinine have failed.—*Phila. Med. Times.*

Treatment of Fever as a Symptom.—While the chief object of all medical treatment is necessarily to eradicate disease by attacking its very beginnings, there are times in which the relief of a pressing symptom may constitute the first important step towards recovery. Fever is such a symptom. How often does one find that, even in the presence of an active morbid cause, the mere remission of temperature for a certain period assists the physician, by obtaining rest for his patient, by gaining time, by quieting irritability in the neighborhood of a source of mischief, and so converting an acute into a subacute or chronic process. These effects appear in many diseases which are said to run an unvarying course—in typhoid fever and early tuberculosis, for example; and there are good physiological reasons why the abatement of fever in itself should materially aid and tide over other efforts of nature or of art which are designed to cut the root of unhealthy action. It becomes, therefore, a matter of interest to inquire in what way a fall of temperature can thus react upon the local processes which determine the course of fever, and that fever does depend on local causes may probably be accepted as an axiom. All its features tend to show that it is a nervous disorder which acts along the lines of the vaso-motor system, that its method is reflex, and its result a destructive metabolism, which reveals itself in general emaciation, and is most intense at the original seats of morbid irritation. The aim of antipyretic measures must therefore be to allay this nervous overwork by opposing a buffer to the repeated shocks of peripheral stimuli, and this may clearly be accomplished in more ways than one. Thus it is frequently possible, by using narcotics, to lull the excited cerebro-spinal centres generally, and so to weaken their response to provocation. By another agency the constricting influence of the vaso-motor centre may be specially and directly inhibited and the circulatory system proportionally eased, as would seem to be the case when salicylates are employed. In this case, also, the harassed nervous centres share the general rest. The heat-regulating mechanism, too, if it exist as a separate factor, may be restrained by similar means, when its disordered forces would otherwise result in riotous excess of tissue change. In any case, the reduction of fever, besides preventing general loss of power and substance by wasteful molecular action, is directly beneficial in another way. By depleting areas which border on the causal irritant or its habitat, and the intense congestion of which magnifies the force of stimulation, it must react as a sedative at the very source of disease. These observations suffice to show why antipyretics possess a real value even in such diseases as continuous fevers. Apart from the aid they render to the further resources of medical skill, and apart from their action on septic germs, they often appear, by the rest which they procure alone, to constitute the chief element in the cure of febrile disease.—*London Lancet*, June 6th.

Intermittents—Iris and Euonymus. J. M. Baker, M.D., Banner, Miss., writes: I live in a latitude where chronic ague and masked intermittents are as common as children. After trying in vain quinia, arsenic, nux, and acetate of potash, I fell on the following: ℞ Tinct. iris ʒ j., tinc. euonymus ʒ ij., water ℥ iv.; a teaspoonful three times per day till all is taken. I have never failed in a single instance. I use the same prescription in sub-acute rheumatism and neuralgia (chronic form) with flattering success. The iris is a splendid alterative, and will cure any thing from acne to the largest size of Job's comforters.

If any patient persist in having his liver "tapped," give him five-drop doses of tincture of iris every three hours till his bowels move. You can satisfy the most skeptical that calomel is not the only cholagogue.—*Eclectic Med. Jour.*, June.

Can Tuberculosis be Communicated by Vaccination?—Investigations made by Dr. J. Acker (*Centralblatt für*

Allgem. Gesund.) upon some phthisical subjects, whose sputa contained abundant bacilli, showed that the vaccination-vesicle did not contain bacilli in its lymph. He believes, moreover, from other experiments, that even when bacilli are present, no danger can arise from the very superficial wound of the skin made in vaccinating.—*Phila. Med. Times*, June 27th.

Local Remedy for Diphtheria.—G. W. Shelton, M.D., Johnstown, Mo., thinks the following is the best local remedy in diphtheria: Take of—

℞	Bichromate of potash	grs. 4
	Thymol	" 10
	Glycerine,	
	Water	of each oz. 2

Mix.—Gargle or wash the throat frequently.

—*Medical World*, June.

Useful Paint in Diphtheria.—

℞	Tr. iodinii,	
	Tr. ferri sesquichloridi . .	āā 3 j.
	Acidi carbolici	grs. x.
	Glycerini	℥ ss.

M.

—*Medical World*, June.

Intestinal Antiseptic.—In typhoid fever and as an intestinal antiseptic generally, Dr. Dujardin-Beaumetz regularly employs the following mixture: Take of—

℞	Bisulphide of carbon . .	oz. 1
	Essence of peppermint . .	minims 30
	Water	oz. 13

Mix.—Dose: two tablespoonfuls three times a day, in a cupful of milk.

—*Medical World*, June.

Creasote a Solvent of Quinine.—Dr. E. G. Wake says: It is not generally known what an excellent solvent of quinine we have in creasote. For many years I have had quinine pills made up with this menstruum where it was not contraindicated; and believing my plan to be original, I wish to recommend its adoption.—*British Med. Jour.*

Cholagogue or Ague Cure.—

℞	Sulph. quinine	2 drms.
	Fluid ext. leptandra . . .	2 "
	Saturated tinct. stillingia . .	4 oz.
	Fluid ext. podophyllum . .	3 drms.
	Oil of sassafras	10 drops
	Oil of wintergreen	10 "

New Orleans molasses, sufficient to make 8 ounces.

M.—Dose, one to two teaspoonfuls.

—*Stearns' New Idea.*

NEUROTIC.

Clitoridean Crises before the Pains of Progressive Locomotor Ataxia.—Pitres directs attention anew to the fact that locomotor ataxia is not infrequently ushered in or accompanied by attacks of voluptuous sensations in the female, which must be regarded as being analogous to the erections and spermatorrhœa which are well known to occur in men in the early stages of the disease. The author reports three cases of tabes in which these attacks were observed. The first case is a woman aged thirty-four years, who was married, had two healthy children, and always enjoyed good health. She worked a sewing-machine, and it became exceedingly disagreeable to her, because in moving the pedals the rubbing of the thighs against one another provoked attacks of voluptuous sensations, with erections of the clitoris and ejaculation, just as occurs in natural coitus. These attacks occurred spontaneously and in the absence of any erotic thoughts, and sometimes occurred as often as three or four times in the same day, but a succession of attacks was often followed by a free interval of one or two weeks. Each attack was followed by great languor and distaste for food. It was not until four years after that the lancinating pains and other symptoms of locomotor ataxia manifested themselves.

In the second case the attacks of sexual excitement began about a year before the commencement of the other symptoms; but in the third case the woman suffered from these voluptuous sensations for ten years before the characteristic lancinating pains began in the lower extremities. The author concludes that when females suffer from spontaneously recurring attacks of voluptuous sexual sensations, locomotor ataxia ought to be suspected in the absence of any other symptoms, and a diagnosis of tabes may be made with certainty if these attacks are accompanied by such symptoms as absence of the patellar tendon reaction, lancinating pains, gastric crises, or ocular troubles.—*Manchester Med. Jour.*

Tubercular Cerebellum — Cure of Tubercular Meningitis by Iodoform.—A girl, æt. seven, had for some time shown herself remarkably clumsy in her actions and movements, and had several times fallen off her chair. Then for a

month she was laid up with graver symptoms, as intense pain in the head, vertigo on rising, vomiting, constipation, besides great sensitiveness to noises. On standing she was attacked by giddiness and ataxia. The region of the facial nerve and the special senses evinced no morbid alteration. She was lying all the time with her head turned left.

Dr. L. Löwenfeld, who reports this case in the *Centrlbl. f. d. Med. Wiss.*, 1885, 15, then made a local application of iodoform ointment frequently repeated. A remarkable improvement ensued, and for a whole year the child so much recovered that she was able to go to school. Then the former symptoms once more returned, and the child died. The left cerebellar hemisphere was found changed to a yellowish lobular tumor, intimately adhering to the dura mater at the base, and its contents consisting of a yellowish sticky mass. Besides, there was found in this tumor a cavity containing a purulent fluid, and extending literally into the uvula. At the base of the brain a few disseminated tubercular nodules, and in the medulla oblongata, near to the pons, a larger one was also discovered. Peculiar are the long intervals, during which the child was free from all symptoms, and the appearance of anomalies of motion ere the middle connecting portion of the cerebellum was attacked. Of great interest is the result of the treatment (local application of iodoform oin. ment, 4 : 30), which has recently been recommended by several writers, and which in one case has caused the complete recovery of the patient.—*Med. and Surg. Rep.*

Acute Myelitis in the Cervical Region.—Dr. Moel (*Gazetta Medica Italiania Lombardia*) relates the case of a lady, fifty years of age, who suddenly experienced a rigidity of the fingers, and soon after found that she could neither walk nor stand. The fingers could not be fully extended or flexed, but the arms were otherwise normal. The right leg had some power, but the left was paralyzed. At the end of two days there was complete paralysis of both legs, with abolition of the patellar tendon reflex. Paresis of the upper extremities occurred a little later, and on the eleventh day of the attack the patient died. At the autopsy a lesion of the anterior horns was found extending from just above the point of exit of the fifth cervical nerve to the lower end of the cervical cord. The gray substance was irregularly mottled, but the ganglion cells and nerve-fibres were intact. In the lateral and posterior columns were many spots which were not colored by hæmatoxylin, and there were also here and there few granular cells.—*N. Y. Med. Record*, June 20th.

Influence of Spinal Irritation as an Orthopædic Factor.—Dr. G. W. Ryan, of Cincinnati, read a report on the above-named subject at the Ohio Med. Soc. The influence of spinal irritation in the production of various deformities was carefully pointed out, and numerous cases cited in proof of the author's statements. An interesting case of spasmodic club-foot was related, which was readily relieved by treatment directed to the spine. Two other cases, who had been unable to walk for years because of this condition, were cured within a comparatively short time. The essayist placed little reliance upon the remedies ordinarily recommended. He had seen no good effect from the use of phosphorus, strychnia, or ergot. He had no experience in the use of opium. The proper and efficacious treatment is by means of blisters or the actual cautery applied along the spine. Spinal support is of benefit. Faradism and massage were valuable adjuvants to treatment.—*Jour. Amer. Med. Association*, June 20th.

Treatment of Migraine.—A typical case of this distressing and obstinate malady is well and graphically described by Dr. Alfred Drysdale, London, who, speaking of treatment, says a drug must be administered which, from its known physiological action, is certain to reach the seat of the complaint. Caffeine, theine, and guarana, to a certain extent, fulfil this condition, but the ground is more accurately covered by glonoine (nitro-glycerine) and sepia. The latter he has found especially successful in mitigating an attack, though he has hitherto not yet succeeded in completely arresting one.

As a preventive, exercise regularly pushed to the point of fatigue is infallible. He has known the worst cases yield to this measure.

The prognosis is excellent; not even the most intense cases seem permanently injured by this strange malady. He has even observed that where it occurs in conjunction with phthisis, the latter has had a

favorable issue. — *Med. and Surg. Rep.*, June 13th.

Early Stages of Insanity.—Dr. Gasquet read a paper (Brighton and Sussex Soc.) on early symptoms of insanity, referring especially to acute mania and to melancholia. Of the former, an "incubative stage" of variable duration was marked by depression, dulness, irritability, headache, loss of sleep, dyspepsia, etc. Such symptoms should receive attention at once, especially in those disposed to mental disorder. Medicinally, drachm-doses of bromide of potassium would be likely to relieve, whilst chloral would be contra-indicated. Prolonged warm baths were of service; but the most important point was to secure rest and quiet, and to avoid the mistake of sending such patients to scenes of excitement and stimulation, foreign travel, etc. In melancholia there was no true incubative stage; for the early symptoms, though less in degree, were similar in character to those which developed later: simple gloom or depressing delusion, self-absorption or restlessness, with expression of mental suffering, and often foreboding fear of loss of reason. More might be done in these conditions by medicines; for example, aperients, or, in climacteric cases, bromides, and in others, opium (when it suited). It was more likely to benefit those who complained of mental suffering than those who were more restless, or with marked digestive disturbance. Change was more indicated in melancholia than mania; but suicidal tendency had to be guarded against; and, as a rule, all attempts at travelling or stimulation of mind were better reserved for the later stages of any case.—*British Med. Jour.*, May 30th.

Urari in the Treatment of Tetanus.—At a recent meeting of the Surgical Section of the Academy of Medicine in Ireland, Mr. McArdle read the notes of a case of acute traumatic tetanus in which doses of two thirds of a grain of urari, every fifth hour, resulted in a cure, the more remarkable effects being relaxation of the contracted muscles in from six to ten minutes, very rapid and tumultuous action of the heart, cyanosis, labored breathing, and dilatation of the pupils. Once the patient was sufficiently under the influence of the drug, the action of the bowels was regular. Mr. McArdle suggested its combination with pilocarpine, in the hope that the cardiac and respiratory trouble might be prevented. He also stated that it must be used in large doses, and that its action was cumulative.—*N. Y. Med. Jour.*, June 27th.

Treatment of Tetanus.—The means employed by the great French surgeon, Verneuil, in *L' Union méd. du Canada*, in the treatment of tetanus, are summed up in the following indications: 1. *Complete immobility.* 2. Constant high temperature, moderate sweating. 3. Uninterrupted sleep. The first he obtains by placing the patient in a Bonnet's cuirass; the second, by envelopment in two or three inches of cotton-wool; and the third by keeping him chloralized for twenty days.—*Can. Practitioner*, June.

Brain Tension.—Brain tension is not a proof of strength, but of weakness. The knit brow, straining eyes, and fixed attention of the scholar are not tokens of power, but of effort. The intellectual man with a strong mind does his brain-work easily. Tension is friction, and the moment the toil of a growing brain becomes laborious, it should cease. We are, unfortunately, so accustomed to see brain-work done with effort that we have come to associate effort with work, and to regard tension as something tolerable, if not natural. As a matter of fact, no man should ever knit his brow as he thinks, or in any way evince effort as he works. The best brain-work is done easily, with a calm spirit, an equable temper, and in a jaunty mood. All else is the toil of a weak or ill-developed brain, straining to accomplish a task which is evidently too much for it.—*Midland Med. Misc.*, June.

Hysterical Drop-Wrist.—Dr. V. G. Webb reports the following: I had an urgent call to see E. D., a girl, aged sixteen, who had suddenly lost the use of the extensor muscles of the wrist. There was no history or appearance of lead-poisoning, nor injury to the trunk of the musculo-spiral nerve; but about a year previously I had treated a ganglion at the back of the wrist by seton. Some good-natured friend had prophesied that she would have paralysis of the hand, and she had brooded over it until she again came under my care. Sensation over the whole arm and forearm varied much in a few minutes; at one trial a portion of skin appearing anæsthetic, and very

shortly hyperæsthetic. It will be observed that, as in Dr. Suckling's case, there was a "traumatic history." The treatment consisted in impressing on her mind that she would recover, a free use of mistura aperiens alba, and stimulating liniments freely applied. She was well in a week.—*British Med. Jour.*

Hysteria, with Attacks of Tetany, Induced by Pressure on the Ovary.—E. L., a woman aged twenty-seven, was admitted into the Queen's Hospital, February 23, 1885, under the care of C. W. Suckling, M.D., Lond., M.R.C.P., physician to the hospital, suffering from paraplegia. She was markedly hysterical, and had the characteristic "facies hysterica." While in the hospital she suffered from globus, clavus, dyspnœa, and flushings of the face. At times also she had photophobia.

There was marked ovarian hyperæsthesia, and firm pressure over either ovary at once produced flushing of the face, a painful sense of fulness in the throat, and choking, quickly followed by rigidity of the hands and feet, the hands assuming the characteristic posture observed in tetany. The legs and feet were strongly extended, the big toes showing a tendency to be flexed. Trismus was also brought about at the same time. The rigidity quickly passed off after discontinuance of the pressure. On one occasion catalepsy was present, the limbs maintaining any position in which they were placed for a considerable time.

The treatment consisted in isolation, blistering over the situation of the ovaries, and faradisation. The patient when discharged could walk well, and had lost the ovarian tenderness; no symptoms were produced by pressure. — *London Med. Times*, June 13th.

Facial Neuralgia.—

Ammonio-sulphate of copper .	grs. 1½.
Cherry-laurel water	ʒ ii.
Syrup of morphine	ʒ vi.

To be taken in the course of twenty-four hours. Fireol in *Jour. de méd. de Paris.—Can. Pract.*, June.

Nervous Debility. — As a *tonic* in broken-down individuals, Prof. Pancoast prescribes :

℞	Quininæ sulph.	gr. j.
	Ferri pyrophosphat. . . .	gr. ij.
	Ext. ignat. amar.	gr. ½. M.

Three daily.

Ft. pil.

—*Col. and Clin. Record*, June.

RESPIRATORY.

Intermittent Pneumonia.—John Gason, F.K.Q.C.P.I., Rome, reports the following.

A young man, an English artist, Mr. G., had passed a night in the Roman Campagna. He was seized with inflammation of his left lung. He was of slight make and delicate. He was a patient of Dr. Steele, who was then practising in Rome. Dr. Steele asked me to meet him in consultation on this case. Dr. S. described the case to me as being an attack of acute pneumonia accompanied with rusty-coloured expectoration and high fever. He stated that on one day he would appear much better, with subsidence of all chest symptoms, but that on alternate days there would be a return of fever and dulness to percussion over the lung. My examination of this case quite confirmed the statement of his attendant physician. Recollecting the case above stated, I suggested the exhibition of quinine in anti-periodic doses, which Dr. Steele consented to in combination with hydrobromic acid. This treatment soon cut short the disease, there was no return of fever or chest symptoms, and he soon left Rome quite well. This was a simple case of tertiary intermittent pneumonia.—*London Med. Times*, June 6th.

Typhoid Pneumonia. — Dr. N. S. Davis, of Chicago, uses the following two prescriptions during the first few days of pneumonia, associated with a typhoid condition of the system :

℞	Ammoniæ muriatis	ʒ iij.
	Antimon. et pot. tart. . . .	gr. ij.
	Morphiæ sulph.	gr. iij.
	Syrupi glycyrrhizæ	℥ iv.

M.—Sig.—A teaspoonful every four hours.

℞	Hydrarg. chloridi mitis,	
	Ipecac. pulv. . . . . āā	gr. vj.
	Opii pulv.	gr. iij.
	Sacchari alb.	ʒ ss.

M. Ft. chart. num. vj. Sig.—One powder every four hours, alternately with the preceding prescription. At the same time cover the chest with emollient poultices.

—*Medical World*, May.

Solution for Use in Pulmonary Gangrene.—Bucquoy suggests the following :

℞	Tincture of eucalyptus . .	30 minims.
	Syrup of poppy	10 drachms.
	Water	3 ounces.

The dose is not stated.

—*N. Y. Med Journal*, June 13th.

Treatment of Pneumonia by Cold Baths.—M. Charnier (*Journal de médecine de Paris*), after extended observation upon the effect of cold baths in the treatment of pneumonia, gives the following summary of his opinion as to their efficacy:

1. Cold baths are never dangerous in pneumonia at whatever period they may be employed.

2. They diminish the temperature, slow the heart, cause the bruits produced by the fever to disappear, ameliorate the dyspnœa, and allay thirst, thus permitting more abundant alimentation.

3. Having experimented only with cases which might have been cured without treatment, M. Charnier does not decide whether by their use the mortality of the disease is diminished; nevertheless, he inclines to the opinion that such is the case.

4. With adults, to obtain lasting relief, the baths should be given every two or three hours.—*Phila. Med. News*, June 13th.

Excision of a Rib for Empyema.—Dr. Leonard C. McPhail, of Brooklyn, relates the case of a child, eight years of age, suffering from empyema, following pneumonia and pleurisy. An incision was made in the eighth intercostal space, and thirty-two ounces of pus withdrawn. A drainage-tube was introduced, and the child did well for some weeks, until the ribs came together, expelling the tube, and pus reaccumulated in the chest. It was then decided to excise a portion of the eighth rib. This was done through an L-shaped incision in the integument, and after denuding the bone of its periosteum, a piece one and one fourth inch in length was removed. The child suffered greatly from shock, but began to improve after a few days, and is now gaining rapidly. The wound is permanently closed, and the patient is in better health than ever before. — *N. Y. Med. Record.*

Atrophy of Muscles in Pleurisy.—When synovitis attacks a joint, the muscles which effect the movements of the articulation are prone to waste in a rather rapid manner. The muscular atrophy cannot reasonably be explained on the ground that the muscles are not used, for the atrophy is one which recalls the wasting of muscle seen in cases of infantile palsy, not only in the rapidity with which it occurs, but also in the behavior of the affected muscles to electrical examination. The wasting of the muscles of the shoulder and thorax on that side which has been the seat of pleurisy seems to us to belong to the same category of phenomena as the wasting of muscle from joint disease; and although the comparison is a trite one, yet we may remember that serous and synovial membranes are regarded as analogous structures. The subject of muscular atrophy resulting from inflammation of tissues in the neighborhood of the muscles is one deserving of much attention. The most probable explanation is that the abnormal excitations proceeding from the inflamed tissues along the sensory nerves have a direct influence on the motor nerve cells controlling the nutrition of the muscles concerned; the bones may waste as the result of a similar "reflex" influence. A valuable paper on the atrophy of muscles of the thorax and shoulder in pleurisy was contributed to the Société Médicale des Hôpitaux on April 10th (see the *Bulletins et Mémoires de la Société*, etc., April 22d). The author of the paper, M. Desplats of Lille, contends that the muscular atrophy is rapid and frequent in the subjects of pleurisy, that the atrophy plays an important part in the deformities of the skeleton resulting from pleurisy, and that the atrophy is the indirect cause of tuberculosis of the lungs. He recommends that the atrophy should be prevented from coming on by early surgical treatment of any pleuritic effusion, and that measures should be adopted for arresting or combating the atrophy by the use of general and local stimulants, and more especially by faradisation, respiratory gymnastics, compressed air, and so forth.—*London Lancet*, May 9th.

Pleuritic Effusions — Medical Treatment.—Dr. W. G. Eggleston has reported a case suffering from a large pleuritic effusion, with prostration and gradually increasing dyspnœa. Tapping was indicated and advised, but declined by the patient. He was then ordered to abstain from water and liquid food and to take, the next morning, sulphate of magnesia, three ounces in less than half a tumblerful of water. The salt operated in less than an hour, and during the day there were eight large watery evacuations. As the patient expressed it, the water literally poured from him. There was a marked decrease in the effusion. Another dose of the salt, three ounces, was ordered to be taken the next

morning, and when seen the day following the fluid was still further diminished; this effect was now followed up by twenty drops of fluid extract of jaborandi, which produced copious perspiration. In three days more the fluid had almost entirely disappeared from the chest, the lung had resumed its functions, and there was no dyspnœa. When last seen, several months after, there had been no return of the fluid. This new method of giving saline cathartics in dropsies merits further trials by the profession.—*Boston Med. and Surg. Jour.*, June 11th.

Salicylate of Soda in Pleurisy.—Dr. Gasparini has found that salicylate of soda, possibly from its great sudorific power, is of much use in pleurisy, rapid reabsorption of the exudation taking place. Acute articular rheumatism, pleurisy, and tonsillitis, etc., occur most frequently during damp, cold weather. The rheumatic poison may determine not only in one person tonsillitis, in others pleurisy, etc., but these manifestations may occur simultaneously, or follow each other in the same individual. Thus tonsillitis is often the forerunner of acute articular rheumatism and of inflammation of the pleura. In support of this hypothesis is the success obtained by Hormazdia with salicylate of soda in tonsillitis. In rheumatic tonsillitis—that is, tonsillitis provoked by the irritative action of cold and damp, he considers salicylate of soda a specific. He gives it internally and as a gargle, and narrates fifty-seven successful cases. In tonsillitis due to specific causes, *e.g.*, belladonna-poisoning, sewer-gas, etc., erysipelas, and scarlatina, it has not the same effect. In pleurisy, where diaphoretic treatment is indicated, salicylate of soda is well worthy of trial.—*London Medical Record.*

Antiseptic Inhalations in Pulmonary Tuberculosis.—Miguel (*Bull. gén. de thérap.*) recommends the use of a spray containing the following ingredients:

Corrosive sublimate	16 grains.
Sydenham's laudanum . . .	5 drachms.
Distilled water	2 quarts.

Le Fort (*Ibid.*) prefers this combination:

Camphor	8 ounces.
Tincture of iodine, Pitch, each . .	30 drachms.
Hoffman's anodyne	1 ounce.

This should be placed in a wide-mouthed bottle, and the vapor inhaled at short intervals.—*N. Y. Med. Jour.*, June 13th.

Tracheotomy Tubes.—At the recent meeting of the Penna. State Med. Society Dr. J. H. Packard read a paper on tracheotomy. The doctor objected to tracheotomy tubes, referring to Martin's proposal to dispense with them (Paper in "Trans. Am. Med. Ass'n," 1878), and detailed his own attempts to dispense with them by substituting a wire frame or retractor; referred to hair-pin and other retractors; the difficulty about lateral expansion; modification of the eye speculum for the purpose; Passavant's article; various forms proposed for trial and experiments on the dead subject; and concluded by saying that a perfect substitute for the tube was a desideratum, and crediting the elder Pancoast as the first to discard the tube.

Dr. Pancoast said that trachea-tubes were unnecessary and injurious. The trachea was itself a tube, and when incised the wound should be kept open without a descending internal tube.

Dr. H. H. Smith affirmed the position taken by the essayist, and said he had discarded the tube, with Pancoast, thirty years ago.—*N. Y. Med. Record*, June 6th.

Rhinoscleroma.—M. Cornil spoke of this trouble before the Académie de Médecine (*Progrès médical*). He stated that this disease consists in a thickening seated in the nasal septum, the nares, the nasal fossa, and extending to the upper lip, to the pharynx and larynx, producing a narrowing of the last. The thickening assumes a flattened form or like tumors, and encloses micro-organisms, upon whose presence M. Cornil insists. They are short rods $2\frac{1}{2}$ to 3 micromillimetres long and $\frac{3}{4}$ to $\frac{1}{4}$ wide, enclosing granules. When stained the nuclei have an ovoid shape whose perisphere is formed by a well-defined capsule. In the centre of this capsule is the bacillus, around which there exists a clear *bosse*. In other words, these bacilli possess a peculiar form and are stained in a certain manner, besides having a hard capsule.—*St. Louis Med. and Surg. Jour.*, June.

Perichondritis of Nasal Septum.—Prof. Jurasz (*Deutsch. med. Wochen.*) found each nostril, after an attack of facial erysipelas, filled with a globular, intensely red tumor, fluctuating, and with their bases on the septum. He diagnosed purulent perichondritis of the septum, but was surprised to find only clear serum to follow aspiration. A probe developed the fact that the

fluid had formed between the cartilage and perichondrum, which were entirely separated. Cure followed free drainage. Only one other such case has been recorded, that by Velpeau.—*St. Louis Med. and Surg. Jour.*, June.

Euphorbia Pilulifera in Asthma.—Marcet (*Bull. gén. de thérap.; Ctrlbl. f. d. ges. Therap.*) commends the active principle of this plant in the treatment of asthma. Its action is purely antispasmodic, so that it is useless in bronchitis. The dose is one grain, best given in a watery solution. The author has never found it necessary to give more than a grain and two thirds to produce the therapeutical effect. Dujardin-Beaumetz employs the tincture, the dose of which varies from ten to twenty drops. A syrup also is recommended, each teaspoonful of which contains a grain of the drug.—*N. Y. Med. Jour.*, May 23d.

Emetics in Cases of Foreign Bodies in the Air-Passages—Caution.—A. Häcker mentions in the *Vratch* some cases of foreign bodies in the air-passages. In one of them the patient, a child of five years of age, had been given a powerful emetic by a "feldsher" (a hospital sergeant), and when Dr. Häcker arrived the child was almost moribund. He thinks that, as a rule, emetics do no good in these cases, and may produce serious mischief.—*London Lancet*, June 20th.

Cocaine in "Snuffles."—Dr. Zemshchenko has treated seventeen infants, from two weeks to eleven months old, with coryza, by means of cocaine dropped into the nose. Two drops of a two per-cent. solution were thus applied from four to six times a day with remarkably good results. In only one case was any increase of secretion observed. He has also made use of a four per-cent. solution for older children. As, however, there is some risk of the solution being swallowed and producing vomiting, he finds it best to apply the cocaine by means of an ointment. In one case of suspected "snuffles," in a child three weeks old, whose mother was syphilitic, the writer painted the nares with a two-per-cent. solution with a satisfactory result.—*London Lancet*, June 13th.

Quebracho in Dyspnœa of Nervous Origin.—Dr. S. Solis-Cohen makes the following report from the Throat Clinic :—

In a case of cystic goitre, the fluid extract of quebracho has been of marked benefit in relieving the dyspnœic symptom which caused the patient to seek treatment. From the character, position, and probable attachments of the goitre, the difficulty in breathing has probably been caused by pressure upon the pneumo-gastric nerve, rather than by compression of larynx or trachea. Hence the possibility of affording relief by medication.—*Polyclinic*, June.

Common Colds.—As a useful prescription in "common colds," Prof. Bartholow offers the following :—

℞ Codeiæ . . . . . gr. j.
Syrup. scillæ comp.,
Syrup. tolu. . . . . āā f ℥ ss.
M. Sig.—A teaspoonful pro re nata.

—*Col. and Clin. Record.*

Diaphoretic.—The following is an excellent diaphoretic :

Ext. jaborandi . . . . . 4 dr.
Spts. ammoniæ arom. . . . 40 m.
Syrupi simplicis . . . . . 4 dr.
M. Sig.—One teaspoonful every two or three hours.

—*Med. Bulletin.*

CIRCULATORY.

Arsenic in Anæmia and Atrophic Conditions.—Dr. Samuel Wilkes writes strongly in favor of arsenic in many diseases where skepticism as to its use on the part of a large portion of the profession has generally prevailed. There can be no doubt that many of the cutaneous affections cured by arsenic have a gouty origin, and therefore it is not surprising that the same remedy has a great power in preventing attacks of gout. Then, this gouty class of persons are often neuralgic, and it may be in them especially that arsenic is the best nervine remedy. He has found it amongst the most efficacious medicines, and in some cases the only remedy. Thus, before the introduction of nitrite of amyl and glonoine for angina pectoris, he relied mainly on arsenic, and in some cases kept off attacks for weeks where they had previously occurred almost daily. But the most remarkable effects of this remedy are seen in anæmia and various forms of cachexia and atrophy. One case which he cites was a lady about forty years of age, who was pronounced to be the subject of idiopathic

anæmia. Her bloodless and feeble condition compelled her to keep her bed, and it was never believed that she would rise from it again. Arsenic was used, she soon began to improve, and in a few weeks was able to visit her doctor at his house. Her husband was not surprised at the action of the remedy, for, as he said, if he had a horse which was not "thrifty" he gave it arsenic, rendering it again plump and glossy. Another case of the so-called pernicious anæmia was in a gentleman who had gradually grown anæmic and breathless, so as to be unable to leave his house, and he walked with much difficulty. He took five drops of liquor arsenicalis, and in a month he was comparatively well. In most of the cases where arsenic has succeeded, iron had previously failed. It is, however, in wasting and general cachexia that Dr. Wilkes has been the most pleased with its action. He details several cases where there were evidences of extreme wasting and debility, attributable to no special disease, and where arsenic effected cures.

He has never given very large doses, generally four or five drops of the liquor arsenicalis three times a day, or a little more of the soda preparation; nor has he observed any injurious effects from its long use, although, as is known, it becomes absorbed into the system, the urine showing its presence many weeks after its administration has ceased.

An editorial on this article, April 11th *Lond. Lancet*, considers Dr. Wilkes' testimony as of great value, as coming from one who is far too much imbued with scientific caution to lavish undeserved credit on any pharmacopœial preparation. The testimony of Dr. Wilkes on its efficacy in idiopathic anæmia is borne out by the experience of many physicians; among the most recent being Dr. Warfinge, of Stockholm, who reported several cases of remarkably rapid arrest of the downward progress of the disease, and even of recovery, under the use of arsenic. All such cases should, however, be subjected to prolonged supervision, as it is notorious that relapses are prone to occur. The same remedy has been also successfully employed in an even more definite cachexia—viz.: Hodgkins' disease, where the administration of arsenic has been supplemented by its injection into the hyperplastic lymphatic glands with, according to Winiwarter, astonishing results. —*Jour. Amer. Med. Ass'n*, June 6th.

Cerebral Hemorrhage and Embolism—Internal Use of Carbonate of Ammonia.—Dr. R. C. Van Wyck, of Hopewell Junction, Dutchess County, read a paper on the above subject at the N. Y. State Med. Ass'n, 5th Dist., Poughkeepsie. He stated that the advantages which he claimed for the ammonia were the following:

1. As a diffusible stimulant to the general circulation, relieving the anæmia which is present in the brain, increasing the cutaneous circulation, and inducing perspiration, in this way relieving intra-cranial pressure.

2. By its direct action in dissolving the clot. The only agents which possess this property are the alkalies, and the most efficient of these is ammonia.

3. In the œdema and congestion of the lungs so often seen in apoplexy the use of this salt will frequently relieve the condition, partly by its stimulating action on the terminal capillaries, and also by its expectorant action on the bronchial mucous membrane.

4. By keeping up the alkalinity of the blood and preventing further thrombosis.

He said that he did not claim for this drug a specific action, but only that it was of service as an efficient auxiliary to the use of other measures. The following he suggested as the proper order of treatment in cases of cerebral hemorrhage:

1. To endeavor to control the prodromal symptoms, which threaten an attack of apoplexy, by prompt venesection and catharsis.

2. To relieve the period of reaction after paralysis has taken place, by arterial sedatives, preferably aconite.

3. To remove the exudation, relieve cerebral anæmia and pulmonary congestion, and prevent further thrombosis, by the use of carbonate of ammonia.

4. To support the system by nourishing but unstimulating diet, and by remedies which specially nourish the brain tissue, such as lacto-phosphate of lime, cod-liver oil, and phosphide of zinc.

5. To increase the muscular development by massage, frictions, electricity, and strychnia.

The carbonate of ammonia, he said, should never be given in cerebral hemorrhage until the period of reaction had fully set in, say in from ten days to two weeks. It should then be given continuously for at

least a month, or until the retrograde changes in the clot were accomplished. In thrombosis and embolism, if the diagnosis could be clearly made, it was to be given at once. The dose employed by him was five grains, three or four times a day, and it was given in half an ounce of liquor ammoniæ acetatis. He said there was one class of cases of cerebral hemorrhage in which the carbonate of ammonia had not acted well in his hands, namely, when the condition was associated with interstitial nephritis and hepatitis. Here he had had good results from the use of sodium phosphate, in doses of from twenty to thirty grains, given, in the infusion of dandelion, three times a day after meals, and of bichloride of mercury, in doses of one twenty-fourth of a grain, given (sometimes combined in a pill with digitalis and squill) before meals. At the end of the paper Dr. Van Wyck read a letter from Prof. Roberts Bartholow in regard to the utility of the carbonate-of-ammonia plan of treatment, in which he stated that there was a class of cases in which he had seen the most admirable results, namely, cases of thrombosis of cerebral vessels due to chronic arteritis. Embolism of the brain secondary to lesions of the cardiac valves, he said, was another condition in which the same treatment was very effective.—*Boston Med. and Surg. Jour.*, June 4th.

Treatment of Angina Pectoris by the Iodide of Sodium.—Angina pectoris since the days of Gintrac and Lancereaux has been considered as a cardiac neurosis. Although in many cases a diseased condition of the coronary arteries and the aorta has been found, still the symptoms have been ascribed to a nerve disturbance dependent more or less on the innervation of the heart muscle or upon some degenerative change of the nerve fibres. M. Henry Huchard, from a study of twenty-five *post-mortem* examinations made at "Hôpital Vichart," objects to this view, and ascribes, the symptoms directly to degenerative changes with obstruction of the coronary arteries. He claims that true angina pectoris is the result of a disease of the arteries and not of the nervous system.

In accordance with this theory he advises remedies which have an effect on the arterial system. The iodide of sodium is especially recommended, given in doses of sixteen to thirty grains daily. He continues this medication during months and even years, and claims to have given complete relief and to have produced a cure of this dreaded disease in many cases. He thinks that the iodide of sodium probably acts by lowering the blood tension, relieving the walls of the artery, and favoring the disappearance of the pathologic exudation. For the relief of the paroxysm he recommends the inhalation of the nitrite of amyl in four- to six-drop doses.—*St. Louis Cour. Med.*, June.

Hæmoglobin Chlorosis.—Dr. Dionys Benezur has lately made experiments in Ziemssen's clinic with the view of ascertaining the value of hæmoglobin as a remedy for chlorosis. The hæmoglobin was procured from ox-blood, and was given in the form of pastilles of the size of a hazelnut and weight of 2.19 grm., and covered with a coating of chocolate. The daily dose was six pastilles, containing altogether 1.875 grm. (?) of hæmoglobin, or 0.0078 grm. of iron. The iron in this form was quite unirritating, and was completely absorbed, which, as is well-known, is not the case with iron given in any other form. This dose may be deemed sufficient to produce decided results, when it is borne in mind that the system only requires a daily supply of 0.005 grm. of iron. The amount of hæmoglobin was accurately determined in the cases thus treated before the treatment began, and during its course. A very rapid increase of it was noted during the treatment, with a simultaneous disappearance of the morbid symptoms. Considering the rather slow improvement usually obtained in these cases, the treatment recommended by Dr. Benezur certainly seems worthy of a trial.—*London Med. Press*, June 3d.

Ammonia in the Treatment of Collapse.—Trussewitsch, of Kronstadt, reports three cases of collapse treated with aqua ammoniæ. In one of them, caused by poisoning with nitric acid, he gave, after the failure of other excitants, forty drops of ammonia in a glass of water, simultaneously with a hypodermic injection of ten drops of ammonia and ether, followed by a champagne enema. The patient revived promptly. The hypodermic was followed by an erysipelatous destruction of the skin at its site.—*Therap. Gaz.*, June.

Cocaine in Senile Gangrene.—Owing to its local anæsthetic properties,

Dr. John Gould was induced to try the effects of cocaine in a case of senile gangrene, occurring in an active and excitable man, aged sixty-seven. He had worked hard, both mentally and physically, and the heart's action was very feeble.

At night, the patient had a draught of bromide of potassium and hydrate of chloral, twenty grains of each, with eight grains of Battley's solution of opium; this had frequently to be repeated before sleep could be obtained.

He thought it to be a fair case for the trial of cocaine, and accordingly applied a four-per-cent. solution of the hydrochlorate, first rubbing it into the sound skin contiguous to the gangrene, and afterwards applying a piece of muslin saturated with the solution. Over all, a piece of gutta-percha tissue was placed, to prevent evaporation, the gangrenous part being dressed with carbolic oil. The result of the first application was highly satisfactory, the pain diminishing considerably; the subsequent applications, made once a day, were followed by a most decided relief, so that half of the night-draught was sufficient to procure sound sleep for many hours.

Of course, cocaine was not used with an expectation that it would either cure, or even arrest the progress of the disease, but with the hope that it might mitigate the excruciating pain, which it did in a most decided and satisfactory manner up to the last, thus affording as much comfort to the friends as it did relief to the suffering patient.—*Med. and Surg. Rep.*, June 6th.

Mercury in the Treatment of Gout.—Illingworth (*British Med. Journ.*) has used the following mixture with favorable results:

Solution of bichloride of mercury (Br. Ph.)	6 drachms.
Iodide of potassium	30 grains.
Infusion of quassia	6 ounces.

Dose, half an ounce every two or three hours. Morphine or chloral may be added if the pain is severe. [The British solution of bichloride of mercury consists of ten grains, each, of the bichloride and sal ammoniac dissolved in an imperial pint of distilled water.]

—*N. Y. Med. Jour.*, June 30th.

Iodoform in the Treatment of Gout.—Testa (*Gazz. Med. di Torino*) has published the results of a series of careful observations, both experimental and clinical. He finds that this drug increases the amount of uric acid excreted, and accelerates the processes of oxidation. The amount of oxalates is diminished, even when food is taken which is rich in oxalic acid. In cases of gout the writer employs daily doses varying from one to four grains, which, he maintains, may be continued for months without general disturbance. Under the use of iodoform the attacks become less frequent, and their duration and intensity are lessened. Stress is laid on the fact that the presence of renal disease is a contra-indication to the employment of the drug, the danger being that it will not be eliminated, but will be retained in the system and give rise to toxic symptoms.—*N. Y. Med. Jour.*, June 30th.

Anæmic Rheumatism.—For chronic rheumatism in an anæmic woman, in whom the joints of both hands were stiff and swollen, together with the large joints of the body, Dr. J. C. Wilson, of the medical clinic, prescribed — Ol. morrhuæ, ℥ ss., twice a day; flannels to be worn next the skin, and—

℞ Mist. ferri et ammonii acetat. . f ℥ ss.
Strychinnæ sulphat. . . . . gr. 1-48.
M. SIG.—To be taken three times a day, after meals.

—*Med. World*, June.

ALIMENTARY.

Aseptic Treatment of the Alimentary Tract—Hydr. Oxy. Flav.—Ordinarily a number of more or less severe disturbances in the alimentary canal form part of nearly every acute or chronic disease, and where the symptoms of the remote affection attract more attention than the accompanying septic process in the alimentary tract, the latter may decide the gravity and extent of the remote disease. Our food, mostly composed of organic substances, after entering the alimentary canal, may, under certain conditions, become decomposed in a way different from proper digestion and physiological assimilation. Fermentation, putrefaction, and kindred processes may occur, and these anomalies are probably almost always caused by invasions of micro-organisms.

Dr. Ludwig Schaffer, surgeon on board of an Austrian man-of-war, with a crew of two hundred and seventy-eight men, traversing the tropics twice within six months, had opportunity to study the influences of high temperature combined with moist atmosphere, which manifested themselves in

loss of appetite and derangement of digestion, sometimes with serious complications. The bill of fare for the men, nutritious enough but offering very little variety, and only calculated for young, strong, and healthy stomachs, gave less and less satisfaction every day. The sultry night air interfered with sleep, and the men's state of nutrition became conspicuously impaired. All these cases thus affected improved and were cured by the use of the yellow oxide of mercury alone. After this favorable result Dr. Schaffer did not wait until derangements of digestion and nutrition assumed a serious extent and obliged those affected to report for the sick-list, but he held weekly sanitary inspections of the crew, and gave in more than fifty cases, as a prophylactic measure, generally 1 and in rare cases 2 centigrammes of hydrargyrum oxydatum flavum. The daily dose was about from 1 to 2 milligrammes.

The effects in these cases also were uniformly good; appetite and the digestive functions soon improved in a marked manner; many expressed themselves decidedly as having a good, even a ravenous, appetite. Within two or three weeks most of the men thus treated looked extremely well-nourished and had good color. This all happened under circumstances not favorable to such rapid improvement of nutrition.

Schaffer gives the following formula: ℞ Hydrargyri oxydi flavi, 0.01; sacchari, 10.00. M. et divide in 8 partes æquales; D. et S., 1 powder daily,—and he advises especially this dilution of one part of hydrargyrum with a thousand parts of sugar. Dr. Rose prefers, for convenience' sake, compressed tablets in which the sugar is added in the same proportion as in Schaffer's formula. — *New York Med. Record.*

Swallowing of Artificial Teeth—New Method for their Removal.—Artificial teeth have probably been often swallowed. Too hard for digestion and not provided with sharp-pointed edges, as a rule, they cause very little inconvenience. More dangerous is the swallowing of whole sets, as in such a case a plate, with all its hooks and pointed edges, has to pass through the pylorus and the ilio-cæcal valve. If it were possible, after such a plate has been inadvertently swallowed, to send some substance after it that could envelop the pointed and "hooky" plate with a material which might remove the sharp points, the greatest danger would be removed. But thus far this substance has been a desideratum unfulfilled. In the April 13, 1885, number of the *Deutsche med. Zeit.*, however, we find a communication which, on account of the ingenuity of the procedure, and of its complete effect, is highly interesting and deserves further dissemination.

G., a dentist in Fürth, was sent for one night by a servant girl, who, during sleep, had swallowed her artificial teeth. The set consisted of a rubber plate with four canines and two bicuspids, which plate was attached by the aid of gold clamps to the natural teeth. On examination, the neck of the girl was found to be swollen and painful to the touch in the region of the larynx. The examination of the pharynx gave no result; the set had disappeared; but with the use of the œsophageal sound it could be felt. But as the plate had already passed too deeply, there was no prospect of its being extracted, and G. pushed it with the sound into the stomach through the cardiac orifice.

Now comes the interesting part of the procedure. That the plate might pass on through the intestinal canal without injuring the latter, G. induced the girl to swallow a lot of cotton thread (spool cotton), which was first cut into small pieces and incorporated in the white of an egg beaten to snow. The intention was to have the threads, steeped into the white of the egg, wrap themselves around the sharp points of the plate, and thus prevent their injuring the intestines.

The result has been a brilliant one; four days later the girl brought the ominous plate, and the latter was found to be completely enveloped, overspun, as it were, by the cotton threads. The patient said that she had no pain, or any other inconvenience either, while the plate was resting in the bowels or during its passage out.—*Med. and Surg. Rep.*, June 20th.

Glycerine against Dry Tongue and Thirst.—Surgeon-Major S. K. Cotter, in a recent number of the *Indian Med. Gazette*, relates the case of a patient suffering from enteric fever, who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerine frequently, and the result was that at the first

trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but not really dry to the touch; after renewed application of the glycerine he at once slept again. In six other cases it has been tried and found satisfactory. Surgeon-Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating. But, in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.—*British Med. Jour.*, June 6th.

Duodenal Ulcer.—Dr. M. Chvosteck publishes in the *Giorn. intern. delle sc. medicale*, p. 416, 1884, his personal observations of eight cases of round duodenal ulcer, and a creditable exposition of the etiology, pathology, and diagnosis of this rare affection. Of decided value we deem the differential diagnosis regarding gastric ulcer as laid down by this author. He himself found in one case this differential diagnosis confirmed by a post mortem examination. The phenomena following the ingestion of a glass of wine furnish the criterion of distinction between the two affections. If the ulcer be situated in the stomach, the ingestion of wine will not only cause no cessation of pain, but an increase of it, while, on the other hand, if the ulcer be in the duodenum, the favorable effect of this drink is readily explained. The gastric stimulation produces reflex closure of the pylorus, and by thus stopping the passage of the gastric contents into the duodenum, affords relief. The passage of a small quantity of ingested matters from the stomach to the duodenum begins, as is well known, within ten to twenty minutes after the meal, and is periodically repeated as often as the pylorus relaxes. The more replete the stomach is, the greater the quantity of undigested food which passes into the intestine. If the undigested masses are solid, the epigastric pain will be more severe. In the case which the author reports, more relief from pain was afforded by the closure of the pylorus through the action of the wine than by the strongest anodynes.—*Therap. Gaz.*, June.

Digital Exploration of the Stomach.—In a case reported by Billroth before the Imperial Royal Medical Society of Vienna (*Le Progrès méd.*), of a girl of nineteen years, who had swallowed in her sleep an artificial denture, it was found that the foreign body had passed into the stomach. Believing that it could not pass through the pylorus, Billroth performed laparotomy and gastrotomy, but could not find the denture even after drawing the stomach out of the wound. The wound was enlarged and the intestines examined, but in vain. The only part remaining unexplored was the posterior portion of the stomach, situated behind the gastro-splenic ligament towards the vertebral column. Introducing his hand into the stomach, the article sought for was found and removed. He then brought the gastric wound together with ligatures and cauterized it, and closed the abdominal wound. The patient recovered.

The case was reported in order to show where to search for a foreign body in future, and to demonstrate that the stomach cannot without great difficulty be brought outside of the abdominal wound. In attempting this the foreign body was carried back to the posterior portion of the stomach, where it at first escaped detection.—*Phila. Med. Times*, June 27th.

Jaundice from Arsenical Wall-Papers.—Alfred Freer, M.R.C.S.L., L.S.A., Stourbridge, writes: The following six cases of jaundice due to arsenic taken in by the respiratory organs are worth recording, if they were only to illustrate the singular uniformity of effects produced by that poison upon the biliary ducts.

On September 20th last, I was called in to a boy and girl, aged nine and ten, children of a gentleman lately come into a renovated and enlarged house. I found them suffering from vomiting, tenderness at the epigastrium, furred tongues, with well-marked icterus. In a fortnight they had recovered.

On October 30th, I was summoned to another boy and girl in the same family, but a little older. Their symptoms were precisely the same, and recovery soon took place after a week's bed, etc. I suspected the drains of this house (just out of a transition state) might be out of order, but could get no proof of this.

On November 13th, I was again called in to two older sisters, aged eighteen and sixteen. They, too, presented jaundice, and all the symptoms of the other four, but more acute. Convalescence was established,

in a fortnight. Noticing in the dining-room a little damp on the paper, I examined it more closely. It was a provisional paper of a light blue, blue tint relieved by white figuring. Scraping off some of this white dust, and submitting also a piece of the paper to tests, I found the presence of arsenic in a large quantity. On visiting the airy playroom where the children had of late passed more time than usual, I found the walls covered with a pale paper with white relief, but not the same as in the dining-room. Some of this I also tested, and found in it the presence of arsenic in large quantity. It would have seemed that arsenic respired is very apt to produce icterus, through tumefaction of the ductus communis at its outlet. The papers have been renewed, fresh ones supplied, and the family has continued well ever since.—*British Med. Jour.*, June 20th.

Intestinal Obstruction by Worms.—*Vratch* records the case, by L. Scheffer, of a peasant, aged forty-nine, with intestinal obstruction, who, after the stomach had been twice washed out, passed a stool containing ascarides. Two grains of santonin were then given, with jalap, and about twenty round worms, which had been the cause of the obstruction, were passed.—*London Lancet*, June 6th.

Costiveness.—Costiveness must be regarded as a disorder of the whole system, and not of the intestinal canal alone. The only effectual remedies are those advised under that conviction, and the objects of treatment must be—first, to relieve the body of the immediate presence of effete matter; and, secondly, to prevent artificially its re-accumulation till such time as a complete renewal of the tissues has taken place. Purgatives may very fairly begin the treatment; the immediate relief they give to the feelings of discomfort is great. All accessory food that has the property of arresting destruction, must be left off. Wine, beer, tea, and coffee should on this account be excluded from the dietary; and milk, cocoa, soda-water, etc., substituted for them. Water is a very accessible remedy, and a very rational one, when the destructive assimilation is deficient. The testimony of experience to the use of water as a remedial agent is exhibited in the patronage bestowed from the earliest times upon numerous springs whose saline constituents are even less than those of ordinary drinking-water. Pfeffers, historically famous for freeing Martin Luther of his demon-haunted hypochondriasis, is still the resort of the invalid. It is situated in a most gloomy hole, and the copious hot stream that boils out of the rock is almost chemically pure. Water taken several times a day between meals is a most efficient remedy; and baths, both hot and cold, may with advantage be employed.—*Midland Med. Misc.*, June.

How to Administer Santonine.—Kuechenmeister has shown that lumbrici lived in a mixture of albumen, santonine, and water, but they succumbed in a few minutes to an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches is not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture, which is slowly absorbed in the intestines. In any other mode it has a toxic effect with many, but given with ol. ricini is not disagreeable, and very efficient.—*Med. Bulletin.*

Milk Peptone.—Buttermilk is a true milk peptone, and, with the exception of koumiss, is the most digestible milk product at our command. Its laxative properties may be employed in habitual constipation, and its diuretic powers in various kidney troubles. It is much employed in the treatment of diabetes, and often is the only food that can be retained on the stomach in cancer of that organ or in gastric ulcer. It may often be prescribed successfully where we order a combination of milk and lime-water.—*The Physician's and Surgeon's Investigator.*

Constipation and Dyspepsia.—Prof. Da Costa prescribed, for a woman complaining of constipation and dyspepsia, the following:

℞ Ext. belladonnæ . . . . gr. 1–16
Strychninæ sulphat. . . . gr. 1–60
Pulv. aloes . . . . . gr. 1–10
Olei cajuputi . . . . . gtt. j.
Ext. gentianæ . . . . . q. s.
M. SIG.—One pill three times a day.

—*Med. World*, June.

Dyspepsia.—For *dyspepsia*, Prof. Pancoast likes a combination as follows:

℞ Elix. pepsin. et bismuth. . . . ℥ ij.
Ext. cinchonæ fld. . . . . ℥ j.
Elix. zingiberis . . . . . ℥ j.
M. SIG.—Dessertspoonful at meal time.

—*Col. and Clin. Record*, June.

URO-GENITAL.

Vesical Explorations.—Dr. P. S. Connor, of Cincinnati, read a paper on this subject at the Ohio State Med. Soc. Morbid conditions of the bladder, he said, may or may not he easily diagnosticated. Endoscopic examinations, for which so much was claimed at one time, have proved to be of little value. They are, however, much more satisfactory in the female than in the male. He considered the various modes of exploration, which should be supplemented by urinalysis, and chemical and microscopical examinations.

Digital examination, systematized by Sir Henry Thompson, affords information of the highest value. By the ordinary perineal section the membranous portion of the urethra is opened, the prostatic portion of the canal is dilated, and the finger tips can be brought in contact with every part of the bladder; the mucous surface can be palpated, its irregularities noted, the presence, location, size, and character of a growth ascertained, and a concealed foreign body or a stone in the lower portion of the urethra found. In a recent case under his care the bladder was as thoroughly explored as though done *post mortem*. The objection that this operation is not successful in fleshy patients the reader thought unfounded. In every case, however fleshy, the finger can be introduced into the bladder, and made to sweep its surface. The operation is a simple one, requiring only the ordinary external perineal urethrotomy upon a grooved staff. It is almost devoid of danger.

Guyon and certain French surgeons advocate supra-pubic operations rather than the perineal section. The danger in the perineal section is not greater, and the advantage of exploration much greater. For every reason, both as respects diagnosis and treatment, digital exploration should always be made when the other more ordinary and longer practised methods of examination have proved insufficient. In very young children lateral rather than median urethrotomy should be done, since such an operation does not increase the danger to life, and relieves the surgeon of the trouble, at times quite considerable, of dilating the prostatic portion of the canal.

Dr. Holland, of Cincinnati, in discussing the paper, spoke of rectal exploration particularly. He recommended the use of Syme's speculum of a large size. He thought perineal section simply for diagnosis a bold procedure, especially in private practice.

Dr. Ransohoff reported a case in which he did the operation. He spoke in its favor, and also discussed rectal examination.

Dr. Connor said that in many cases we are left entirely in the dark, and cannot make a diagnosis. He has made the operation about a hundred times, and in no case could the death be attributed to it. He himself would much prefer being subjected to the operation than to be drugged, as many are. He has been much surprised to find with what ease the bladder can be explored after this operation; fully as completely as *post mortem*.—*Jour. Amer. Med. Ass'n*, June 13th.

Cocainization of the Bladder.—Dr. P. Bruns, of Tübingen, records (*Berl. klin. Woch.*, No. 21) a case of litholapaxy, in which the bladder and urethra had been rendered insensitive by cocaine. The patient had suffered from symptoms of stone for four years, and, on sounding, the stone was found to be hard and rough, and two centimetres and a half in diameter. There was also considerable purulent cystitis. As a preliminary measure the bladder was washed out with boro-salicylate solution; then twenty grammes of a two-per-cent. solution of cocaine were injected into the bladder, and ten grammes into the urethra. By shifting the position of the patient the contact of the injection with all sides of the bladder was ensured. After a few minutes' interval the bladder was filled with the boro-salicylate solution, and the operation proceeded with. Owing to the hardness of the calculus thirty-three crushings were necessary, occupying twenty-two minutes; but during the whole period no pain was felt, although previously the patient had hardly borne the passage of a catheter. During the evacuation pain was experienced each time the bladder was distended, but the anæsthesia had lasted for half an hour. Finally, a small quantity of a ten-per-cent. iodoform glycerine solution was injected, with the view of protecting the abraded bladder from purulent absorption. The calculus, which was of the oxalate mulberry variety, weighed four grammes. A speedy recovery ensued.—*London Lancet*, May 30th.

Milky Hydrocele. — Sidney Davies, M.A., M.B. Oxon., Cairo, Egypt, reports this case: Alexander C., aged twenty-three, a Greek, member of the Cairo police, consulted me in November last for a swelling of the left testicle. The swelling had the appearance of hydrocele, which disease is common in this country. Accordingly I tapped it, and drew off two ounces of milky fluid. This fluid coagulated on boiling, and, after standing a day, separated into a thick and thin portion; in fact, it had the ordinary properties of chyle. Under the microscope it was found to contain fat-granules and granular leucocytes. Among the latter were seen moving three or four embryonic filariæ, of the same appearance and proportions as those I have frequently seen before in the blood of patients with chyluria.

The patient was born in Alexandria, and had lived there until four months previously to my seeing him, when he entered the Cairo police force. He noticed the swelling of the testicle nine months before consulting me. He had thrice suffered from gonorrhœa, and had had a "soft sore," but no other diseases. He had never had chyluria nor hæmaturia.

In three weeks, after tapping, the fluid returned, having the same appearance as before. After consulting with Dr. Grant Bey, I determined, by his advice, to open up the tunica vaginalis, and allow the sac to granulate from the bottom. I accordingly cut down into the chylocele, and exposed the testicle. The sac was washed with 1 in 20 solution of carbolic acid, and a large drainage-tube inserted. The patient had an attack of hæmaturia, presumably from absorption of carbolic acid, which lasted two or three days. There was free suppuration, with rather severe inflammation of the coverings of the testicle round the wound; but the wound healed completely in three weeks after the operation. Up to this date there has been no return of the disease.—*Brit. Med. Jour.*, June 20th.

Diaphoretic Treatment of Nephritis. — N. Hess (*St. Petersburg Med. Woch.*), having made a number of observations on the treatment of nephritic patients by wet packs, hot baths supplemented by wrapping in blankets, and hot-air baths, draws the following conclusions: —(1) The least rise of temperature occurs with packs, the greatest with hot baths. (2) While the temperature is found to sink still further twenty minutes after the pack, it remains at the same height for an hour after both the other methods of treatment. (3) After water baths the temperature regains its original height more slowly than after air baths. (4) During the pack the pulse becomes slower; during both water and air baths, on the contrary, it is quickened for an hour afterwards. (5) Under the influence of the pack respiration is moderately quickened; during both water and air baths it is still more quickened, but subsequently returns to its normal rate more rapidly than after the pack. (6) The most powerful sudorific effects are produced by hot baths, the least powerful by packing. (7) Though the baths are more stimulating, packing soothes the action of the nervous system, brings the patients on better, and produces a subjective feeling of improvement afterwards.—*London Lancet*, June 27th.

Naphthalin and the Decomposition of the Urine. — After discussing the changes which naphthalin undergoes in the alimentary canal, Rossbach points out its great use in preventing the urine from decomposing (*Centralb. f. Chir.*). One to two grains has so powerful an effect, that in a case of rather severe vesical catarrh the decomposition was almost completely arrested after two or three days. In slighter cases one or two days is sufficient to effect a complete cure. In the worst cases of tuberculous disease of the urinary tract, where the lungs were affected as well as the kidneys and bladder, five grains administered daily produced a very marked diminution in the number of bacteria, the sediment was lessened in amount, and the pain much relieved.—*London Practitioner.*

Stricture, Cystitis—Wheelhouse's Operation.—James P——, aged thirty-four, had gonorrhœa when a lad, and had suffered from stricture for the last sixteen years. He had often been under treatment at the various hospitals in the town, but had never had any thing larger than a No. 6 or 7 passed, except on one occasion when Mr. Harrison ruptured the stricture with Holt's dilator. After this he learned to pass a catheter for himself, but had only used the smaller sizes, and came to the hospital as he could get nothing more in and

was scarcely able to pass his urine. On admission to the Royal Southern Hospital, Liverpool, he was in good general health. There was a cartilaginous stricture in the perineum, which would just admit the smallest soft bougie. The urine was foul and contained a quantity of mucus. At the end of three days no dilatation had been effected with catheterism, and the bladder symptoms were becoming more urgent; Wheelhouse's operation was therefore performed at once. The patient was placed in the lithotomy position, and a long silver probe passed down to the stricture. An incision was then made on to the end of the probe, which was pushed out of the wound and bent into a hook. The sides of the urethra were held open with artery forceps, a grooved probe insinuated through the stricture, which was divided, and the probe passed on into the bladder. It was now quite easy to pass a full-sized Lister's bougie from the penis to the bladder; so the patient was sent back to bed without having a catheter tied in. At the end of a week the urine was quite clear, and all irritation of the bladder had ceased; so, instead of the daily passage of a bougie, a large gum-elastic catheter was tied in. While the catheter was kept in all the urine came by it, and the wound healed rapidly. It was removed in ten days, and the patient taught to pass a No. 12 Lister's bougie, and discharged a few days later. Altogether he was in the hospital only from Jan. 12th to Feb. 7th.

Remarks by Mr. Paul.—I send this straightforward case for publication, because I have so often felt the advantage of an early operation of this nature in stricture cases, and because I often notice that my surgical friends, while they laud the method advocated by Mr. Wheelhouse, very rarely seem to adopt it. In the hands of specialists, internal operations upon the urethra are much in vogue; at present I have never either split or divided internally a stricture, except in the penis, preferring, in all cases where an operation is necessary, to do perineal section. I think it is a pity that Mr. Wheelhouse recommends special instruments for his operation, as it is quite as easy to do it with those always at hand; and, with all due deference to his opinion, I do not find his sound and gorget of any material assistance, while their absence might influence some to attempt a different method of giving the necessary relief to the patient. In this case a catheter was not tied in at once on account of the cystitis; and at the conclusion of the treatment I adopted my usual practice of teaching the patient to pass a large metal sound for himself. It is the only permanent cure for most strictures, though but few, of the hospital class at any rate, are wise enough to adopt it.—*London Lancet*, June 20th.

Treatment of Incontinence of Urine by Vesical Dilatation.—Dr. Felipe Margarit writes, in the *Gaceta Médica Catalana*, of April 30, 1885, concerning a case of incontinence of urine occurring in a boy, twelve years of age, of excellent physical constitution. The boy had been under the care of a number of physicians, and every form of medicinal treatment had been tried without avail. After giving a number of drugs for a time without obtaining any results, Dr. Margarit determined to try dilatation of the bladder by means of injections. At first only about an ounce of water could be forced into the bladder, but the capacity of the organ increased gradually under the influence of daily injections, until, at the expiration of a month, it would hold upward of seven ounces. In proportion as the capacity of the bladder increased, so did its ability to retain the urine.—*N. Y. Med. Record*, June 20th.

Incontinence of Urine.—Belladonna is more effectual in that form which occurs at night, but when persisting during the day there is indicated a paresis of the sphincter, which may be relieved by strychnine, perhaps combined with ergot. Acidity of the urine should be corrected by potash salts; anæmia by iodide of iron; vesical spasm by bromides; while the various causes, as ascarides, phymosis, late suppers, etc., must not be neglected.—*Pacific Med. and Surgical Jour.*

Buckwheat Flour in Diabetes.—Dr. A. M. Duncan, of Hamler, Ohio, writes that Dr. Alvord, a retired practitioner of that place, who is a sufferer from glycosuria, finds more relief from a diet of pure buckwheat-flour cakes than from any thing else. While he adheres to this food the urine becomes nearly normal in quantity and quality, there is no gastric distress, and the pain in the eyes—nearly destroyed by chronic iritis—is markedly relieved. On resuming the use of wheat bread and

other starchy foods, the symptoms become aggravated, to be again relieved upon a return to buckwheat.—*N. Y. Med. Record*, May 16th.

Diagnosis of Obscure Cases of Nephritis.—Dr. J. Wolff (*Rivista Clinica*), states that after the administration of thirty grains of iodide of potassium, in a healthy man the greater part is excreted with the urine; but if the kidneys are diseased the excretion occurs almost entirely through the salivary glands. He thinks that this fact may be made use of in the diagnosis of obscure forms of renal disease.—*N. Y. Record*, June 20th.

Diabetes.—Dr. Monin, Paris, uses the following:

℞ Liq. arsenicalis (Fowler),
Tinct. quassiæ,
Tinct. nucis vomicæ . āā ʒ ss.
M. SIG.—Twenty minims before each meal; and

℞ Potass. bromidi . . . . ʒ v.
Tinct. aloes . . . . . ʒ iv.
Tinct. camph. comp. . . ʒ iv.
Aq. destil. . . . . ʒ x.
M. SIG.—One teaspoonful at bedtime.

—*Med. World*, June.

Acute Nephritis.—Aufrecht (*Berlin. klin. Wochenschr.*) strongly advises abstinence from the use of all stimulating diaphoretics, or diuretics which irritate the tissues, in treating acute parenchymatous nephritis. He lays much stress on the advisability of keeping the patient in bed until the albumen disappears from the urine, and of giving as little nitrogenous food as possible, so that the kidneys may have little to excrete. At the same time he gives large quantities of liquids. For the first ten days or so he gives water, effervescing water, gruel, bread and butter, and farinaceous food. He begins to give milk or beef tea only at the end of the second week.—*Louv. Med. News*, June 6th.

New Tests for Sugar in Urine.—Some years ago Dr. George Hay pointed out, as others have done, the unreliability of Trommer's test for sugar in the urine. An article has recently appeared in the *Therapeutic Gazette* by Dr. Hay. It gives an account of an experimental investigation of the reaction of various cupric salts with grape sugar. We shall describe two of the methods most strongly recommended. Thirty drops of a saturated solution of cupric acetate are added to two drachms of urine containing one fifth of a grain of grape sugar. The mixture is heated in a bath of boiling water for ten minutes, and then cooled by immersion in cold water. A bulky precipitate results. The whole of the contents of the tube are turned on to a filter; a few more drops of the acetate of copper are added to the filtrate, with a view to removing every thing precipitable. If the fluid remain clear, a grain and a half of cupric tartrate is added, and then potash in excess so as to form an intensely blue solution. Heat is next applied, then the suboxide of copper is precipitated. Here is another method: Ten drops of a strong solution of chloride of tin are added to two drachms of urine containing one fifth of a grain of grape sugar. An abundant pink precipitate results. The test tube and contents are heated and afterward cooled by immersion and filtered. The filtrate must then be retested with a few drops of the solution of chloride of tin. If it remain clear, a solution of carbonate of soda is added till a faint alkaline reaction is obtained; heat is applied, and a yellowish-white precipitate of oxide of tin is thrown down; then filter whilst hot; the filtrate should contain no salt of tin. Tartaric acid is added to the filtrate until a faint acid reaction is present; then a grain and a half of cupric tartrate is added, and next potash in excess, with the production of a clear blue solution. Heat is applied. In five minutes the fluid becomes yellow; in ten minutes an orange-yellow precipitate forms of suboxide of copper. There can be no question of the neatness and cleanliness of these methods of testing for sugar, but they would involve too much labor and take too much time for ordinary clinical purposes.—*London Lancet*, June 20th.

Sympathetic Symptoms. — Nausea and vomiting are frequent symptoms in pregnancy, stone in the bladder (male or female), diseases of the ovaries, uterine fibroids, calculus in the ureter, and frequently as results from a blow on the testes.—(Fothergill) *Med. World*, June.

Urinary Solvent.—As a strong solvent for *urinary calculi*, of the *uric-acid* variety, Prof. Bartholow speaks highly of the tartraborate of potassium, in doses of a scruple ter die, in water.—*Col. and Clin. Record*, June.

VENEREAL.

Cocaine in Venereal and Syphilitic Disorders.—The experience of Bono with cocaine in affections of the genital system (as published by the *Gazz. delle Cliniche*, i., 1885) can be conveniently epitomized as follows :

1. An injection of a few drops of a two-per-cent. solution of cocaine removes promptly the pains felt in acute gonorrhœa during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four to five times daily.

2. This cocaine injection is unrivalled in rendering caustic injections or the introduction of the catheter painless.

3. The burning pains of blennorrhœa in women yield invariably to small cotton tampons saturated with a two-per-cent. solution of cocaine, or to the application of a five-per-cent. cocaine ointment.

4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope.

5. It allows of a painless cauterization in balanoprostatitis.

6. Pointed condylomata can be painlessly cauterized, excised, or scraped out with its aid.

7. In cauterization and excision of primary syphilitic affections, cocaine evinced very desirable analgesic virtues of a sufficiently long duration.

8. Taken internally during an antisyphilitic treatment, cocaine did not present any appreciable effects.

9. Its local effects are highly beneficent in syphilitic tonsillitis and in stomatitis mercurialis and difficulties of deglutition.

Bono refers also to its analgesic properties in acute painful eczema, pruritus vulvæ, sore nipples, and burns.

As Bono's observations were confirmed by Blumenfeld, Fränkel, Pick, and Neisser, they are entitled to attention and confidence.—*Therap. Gaz.*, June.

Chrome Water in the Treatment of Syphilis.—For some years past Dr. Güntz, of Dresden, has been treating syphilis with what he calls "chrome water," and with results, as shown by the case related, that justify a more extended trial than his method of treatment has hitherto enjoyed. The case was that of a strong man, who, when he came under Dr. Güntz's care, was suffering from "spots, infiltration, impetigo, ulcers, rupia, and a discrete vesicular eruption." His daily treatment consisted of a warm bath and a bottle of aqua chromica, as prepared in the establishment of O. Lische Plauen, Dresden. Each bottle, which is given in four doses, appears to contain 0.03 gm. of bichromate of potash, and to be charged with carbonic-acid gas. By the thirty-eighth day of treatment the patient had taken thirty-seven bottles of the medicine. On the forty-sixth day of treatment the note runs as follows : "Pulse 100-108. No further abnormality of any other organ. Induration of penis much less. Appetite and digestion normal. Strength increasing. The patient declines to continue any longer the chrome-water treatment, during which he has taken about forty-two bottles, notwithstanding the extraordinary results as regards the pain said to have been in the head."

Six days after giving up the treatment, Dr. Güntz learned that the patient was continuing well.—*London Med. Press*, June 10th.

Soft Chancre — Thermo-Cautery and Iodoform.—Dr. Martineau (Professor at the Hospital of Louraine) after reviewing the various methods employed by him in the treatment of non-infecting chancre and bubo—including arsenic, sulpho-carbonic powder, chlorate of potash, calomel, camphor, chloral, Labaraque's solution, pyrogallic acid, potassio-tartrate of iron, resorcin, salicylic acid, iodoform, chloride of zinc, nitrate of silver, etc.—affirms that no treatment has given such general good results as the employment of thermo-cautery, followed by the application of iodoform. The secret of the treatment of soft chancre is to find a means of converting a specific ulcerative process into a simple ulcer, and he asserts that the above method fills the proposition. It is equally efficacious in the treatment of chancrous bubo, if all the ulcerated parts of the surface be attacked by the thermo-cautery; the iodoform then rapidly completes the cure.—*Med. World*, June.

Soft Chancre—Salicylic Acid.—Prof. Hebra advises the following abortive treatment of soft chancre : After thoroughly cleansing the sore with spiritus saponis kalinus, it should be carefully dried, and pure salicylic acid applied to

the surface, which must be covered up with plaster. The treatment succeeds best when this application is renewed for two successive days, and free suppuration ensues. After three days the sore is covered with a white scab. The salicylic acid should now be abandoned, and an emollient ointment employed as a dressing. The scab speedily separates, and the wound heals without the formation of a bubo.—*Med. Bulletin*, June.

Pigmentary Syphilide.—Fournier, in speaking of this lesion, says (*Four. de méd. et de chir. prat.*) that it has three fundamental characteristics: 1st. It is seen almost exclusively in women—especially in those who are young, somewhat anæmic, and with delicate skin. He has seen but ten cases in males, and they had fine and delicate skins. 2d. It has a special location—the neck. It is only in rare exceptions that it is found on the trunk, or as far as the axilla. 3d. It presents a great resistance to the action of anti-syphilitics, and it persists in spite of all efforts. Besides this, it constitutes what Fournier describes as the "trade-mark" of syphilis. This manifestation is generally recognized in France, and is being admitted by writers abroad. Kaposi is yet an unbeliever, and with him a number of others.—*St. Louis Med. and Surg. Four.*, June.

Hæmoptysis in Syphilis.—Dr. A. W. Reyes, in the *Eco Cientifico*, a Cuban medical journal, mentions some cases of hæmoptysis occurring in the second stage of syphilis during treatment by the green iodide of mercury. In one case the hæmoptysis disappeared when the iodide was stopped, and recurred each time this drug was recommenced, so that Dr. Reyes suggests that in some persons the plasticity of the blood is so diminished by this preparation, that either by its independent action or by its augmentation of that of the disease it produces a fatty degeneration of the capillaries of the respiratory passages, so giving rise to rupture and hemorrhage.—*London Lancet*, June 6th.

Influence of the Bromides in the Prevention of Iodism.—A case of tertiary syphilis, in which it was absolutely impossible to administer any form of the various iodides, led Dr. H. S. Norris (*Med. News*, May 23, 1885) to combine iodide of potassium with the bromide of potassium, in the proportion of one grain of the former to two of the latter. He began with five grains of the iodide thus guarded in water three times a day, and after a few days the dose was slowly increased to six, seven, and at last ten grains, always preserving the same relations between the two salts; its use being entirely free from coryza, or any symptoms of iodism. Wishing to satisfy himself as to just what part the bromide was playing in the absence of coryza, Dr. Norris directed one morning that ten grains of the iodide should be taken alone. This one dose was followed by such severe coryza that all treatment had to be suspended for thirty-six hours. He then returned to the mixture as before, beginning again with the five-grain dose, increasing slowly, and carrying it up to fifteen grains, and on forty-five grains a day improvement was pronounced and rapid. Sometimes he would take three doses of fifteen grains each, sometimes the entire quantity in two doses; but in all instances with entire freedom from coryza. After the disease was thoroughly arrested and improvement begun, the quantity of bromide was slowly diminished, while the iodide was maintained at fifteen grains, until in two or three weeks he was taking it alone, and continued to do so until he was entirely well.—*Therap. Gaz.*, June.

Subcutaneous Injections of Cyanide of Mercury in Syphilis.—Prochorow (*Ctrlbl. f. Chir.*) reports eighty cases of syphilis treated with subcutaneous injections of a one-per-cent. solution of the cyanide. The average number of injections required before the disappearance of active symptoms was twenty. Not more than twenty-five or thirty drops were injected at a time. Only two abscesses resulted from nearly twenty-seven hundred insertions.—*N. Y. Med. Four.*, June 13th.

Congenital Syphilis.—The early treatment of *congenital syphilis*, with Prof. Gross, consists entirely of inunctions of the ung. hydrarg. oleat., five per cent. When child is old enough, give mercury by stomach, and preferably the hydrarg. cum cretâ.—*Col. and Clin. Record*, June.

Specific Bacilli in Syphilitic Tissues.—The characteristic bacilli of syphilis seem to have been at last discovered. Dr. S. Sustgarten (*Centrlbl. f. d. med. Wissensch.*, IX., 1885) has demonstrated, in two cases of initial syphilitic sclerosis, and

in one case of a gumma, the presence of bacilli, which, by their reaction to a peculiar method of coloring, and by other properties, were proven to be a separate species, thus far not described. Koch and Weigert have confirmed the discovery. The bacilli greatly resemble in size and shape those of tubercle, but they are always met with either singly or in small groups, included in slightly swollen lymphoid cells. Under high power they showed the same light spots which Koch believes to be spore-formations. Cocci were not present. —*London Med. Press*, June 3d.

Ulcerating Syphilides. — Mauriac (*L' Union médicale*) recommends the following solution as a dressing for ulcerating syphilides:

Hydrate of chloral, 5 parts.
Tincture of eucalyptus, 10 parts.
Distilled water, 500 parts.

—*N. W. Lancet*, June 1st.

Substitute for Potassium Iodide. —When a *syphilitic patient* cannot take potassium iodide, Prof. Gross gives—

℞ Tinct. iodi . . . . . gtt. vj.
Syrupi aurantii . . . . . ʒ j.
Aquæ . . . . . q. s. ad ℥ j.
M. Sig.—Ter die.

—*Col. and Clin. Record*, June.

Diagnosis of Gonorrhœa in the Female.—Martineau, at a recent meeting of the Paris, Obstetrical and Gynecological Society, stated a most important fact by which specific can be distinguished from simple vaginitis. It depends upon this, that in the specific form of the disease the pus is always acid, while in the simple it is alkaline. It is very easy, therefore, to decide by a piece of litmus paper as to whether a woman is or is not suffering from gonorrhœal inflammation.

This sign will prove of value, too, in determining, when rape has been committed, whether the person committing the crime was affected with gonorrhœa, for then the vulvitis would be characterized by an acid discharge, while in the simple form of the disease the discharge is alkaline.—*Phila. Med. News*, June.

Decoction of Lemon in the Treatment of Urethritis.—Rebatel (*Annales de syphiligr.*) commends this simple remedy, which was first suggested by Mannino. It is said to destroy at once the vitality of the gonococcus. Three fresh lemons are cut into small pieces and thrown into about ten ounces of water, which is reduced by boiling to three ounces. With this fluid three or four injections should be employed daily. After two days a fresh decoction should be made. The following combination may be used instead:

Salicylic acid . . . . . 1 grain.
Citric acid . . . . . 25 grains.
Water . . . . . 8 ounces.

Two injections are to be made daily.—*N. Y. Med. Journal.*

Buboes—To Abort.—Taylor recommends the following as an abortive injection for buboes (*L' Union médicale*):

℞ Crystallized carbolic acid . grs. vij.
Distilled water . . . . ʒ j.
Alcohol . . . . . q. s. to dissolve.

Ten to twenty drops are injected deep into the bubo, whether it be specific or inflammatory. According to the author, pain and inflammation rapidly disappear.—*N. W. Lancet*, June.

OPHTHALMIC.

Diseases of the Eye Resulting from General Diseases.—In *acute* febrile disorders the eyes suffer more frequently than is generally supposed. During the height of the illness the patient makes no complaint of his eyes, and attention is not directed to them until later, when the oculist sees the results of the mischief in the shape of corneal opacity, closed pupil, atrophy of the optic nerve, and so forth.

The cornea is the part most frequently affected. During severe illness, such as typhus, cholera, pyæmia, meningitis, the patient often lies for days unconscious, with half-opened eyes, the lower third of the cornea being exposed and becoming coated with a dry film of secretion; beneath this the corneal tissue becomes dull, dry, and even ulcerated; and if the patient recovers from his malady, dense corneal opacities remain, even if the eyes are not lost. The so-called *keratitis xerotica* is essentially due to the exposure; in all cases, therefore, where such exposure is observed, the medical man should ensure a proper closure of the lids by bringing them together by small strips of English court plaster.

Abscess of the cornea—hypopyon-keratitis—occurs chiefly in connection with small-pox. It is a very severe affection,

and is likely to lead to blindness. Before the introduction of vaccination variola was the cause of a large proportion of all cases of blindness.

The acute exanthemata sometimes induce total necrosis of the cornea in young and weakly children, but this is more common in chronic forms of marasmus. Obstinate strumous inflammations of the eyes are a much commoner result of such diseases.

Disease of the uveal tract occurs in connection with all the acute infective disorders. Slight opacities in the vitreous would probably be often found during the period of convalescence if looked for, but serious damage to sight is uncommon. In recurrent fever inflammation of the iris and ciliary body has been met with in several epidemics, in from three to eleven per cent. of the cases. Cerebro-spinal meningitis, sporadic as well as epidemic, is not seldom complicated with purulent irido-choroiditis, which leads to destruction of the eye. The same affection may occur by metastasis in any case of purulent infection of the blood, and the original focus of suppuration need not be extensive, for metastatic choroiditis has been known to follow tooth-extraction. Its most frequent cause is the puerperal state, probably because of the large number of veins then exposed to the danger of purulent thrombosis. This pyæmic destruction of the eye is commoner than is usually supposed, for the patients generally die and the oculist is not likely to see them.

The optic nerve may suffer after acute febrile disorders, either by neuritis with consecutive atrophy or by atrophy without previous opthalmoscopic change. The commonest cause of such mischief is meningitis, including epidemic cerebro-spinal meningitis. Measles, scarlatina, dysentery, and typhus are sometimes complicated in the same way, but in these cases also meningitis is probably the usual cause. Erysipelas of the head is sometimes followed by neuritis; here the connecting link is either meningitis or cellulitis of the orbit.

Among *chronic* constitutional diseases which may cause blindness are syphilis, struma, rickets, and lepra. Lukæmia, pernicious anæmia, scurvy, albuminuria, diabetes, hysteria, chronic rheumatism, and gout are also causes of eye disorders and occasionally of blindness. In none of these conditions is there any prophylaxis special to the eye.

Alcohol in excess sometimes causes an amblyopia similar to that induced by tobacco. This only occurs when alcoholic drinks are taken in large quantities over long periods and when they contain fusel oil. It occurs therefore chiefly among spirit drinkers.

Chronic lead-poisoning sometimes causes optic neuritis and consequent atrophy.—*London Ophth. Rev.*

Anaplastic Operations—Boroglyceride.—S. Mac. Smith, M.D., resident physician at the Germantown Hospital, Phila., writes: In the wards of the Germantown Hospital and Dispensary this comparatively recent compound, "boroglyceride," has been employed with decided success and encouragement.

In anaplastic operations this agent will be found invaluable; a recent operation performed at the hospital by Dr. L. Webster Fox, will illustrate its value:

Daniel E., aged seventy years, had an epithelioma involving the entire upper eyelid; the tumor being removed, it was replaced by a large skin-graft taken from the patient's arm, and was dressed at various times with boroglyceride. When examined, on the morning of the fourth day, it was found that union by first intention, with little or no pain, nor suppuration, was the reward of this treatment; and, at the end of twenty days, the patient was discharged from the ward with a commendable eyelid.

The ointment of boroglyceride, "unguentum boroglyceridi," appears especially adapted to, and efficacious in, the treatment of ocular diseases, more particularly, perhaps, on account of its convenient form, and being more suitable to add other ingredients. The following is the formula for making the ointment:

℞ Boroglyceride, 50-per-cent. solution in glycerine . . . . . ʒ ij.
Vaseline . . . . . ʒ vi.
Ol. rosæ . . . . . q. s. M.

Heat the boroglyceride, and, while hot, add it slowly to the vaseline, stirring it constantly until thoroughly mixed.—*Phila. Med. News*, June 6th.

Chancre of the Eyelids.—It appears that the attention of French surgeons has been recently directed to the frequency of primary syphilitic disease of the eyelids in children. The method of infection appeared to be very obscure, but M. Baudry,

of Lille, has made known, in the *Mémoires de la Société Française d'Ophthalmologie*, some important facts which throw great light on the subject. A female patient, twenty-two months old, was brought to him with an indurated chancre on the free edge of the lower eyelid on the right side, and acute inflammation of the palpebral conjunctiva. It was found that the child had been nursed by a woman who was accustomed to wipe its eyelids with her fingers freely moistened with saliva, to rub off some crusts that had formed, for the conjunctival disease was of some months' standing. This woman was suffering from syphilitic ulceration of the mouth. M. Baudry had observed a precisely similar case, where an indurated chancre was found on the upper lid of the left eye close to the inner canthus. The mother, who was syphilitic, "cleaned" the child's eye in the same manner, and stated that all her friends and neighbors did the same when their infants' eyelids stuck together. It may be observed that primary sores in unusual situations have already been traced to similar dirty practices, more or less prevalent in different countries.—*British Med. Jour.*, June 20th.

Peculiar Effect of Digitalis upon the Eye-Sight.—The case is related in the *Bericht der Rudolph-Stiftung vom Jahre* 1883, of a man suffering from heart-disease following rheumatism. The urine contained a small amount of albumen. The patient was placed upon three grains of digitalis leaves, in the form of infusion, per diem. About a fortnight later the man complained of weakened vision, there seeming to be a cloud before his eyes. He attributed it to the digitalis, saying that he had been affected in the same way on a previous occasion while taking the drug. He could see better in the evening than by daylight. The pupils were not especially dilated, and nothing abnormal about the eyes could be detected on examination. There were no other symptoms of digitalis poisoning, such as nausea, etc. The administration of the drug was discontinued, and in a few days there was a marked improvement in the sight.—*N. Y. Med. Record.*

Croupous and Diphtheritic Conjunctivitis.—Kroll, on the recommendation of Graefe, treated a case of diphtheritic conjunctivitis with washes of two-per-cent. solution of carbolic acid after the conjunctiva was previously cleaned by gentle friction (*Berl. klin. Wochenschrift*, 23, 1884). The instillation was effected by a piece of linen, the lids being slightly drawn apart. The morbid process, however, progressed until ulceration and necrosis of the cornea rendered the enucleation of the bulb necessary. Kroll ascribes this deplorable result entirely to the carbolic acid, which he had long suspected as a ready source of mischief. The macerated aspect of the cornea and the altered color of the conjunctiva of patients thus treated had previously created the apprehension now found well founded. Kroll thinks that these washes, especially if repeated every one or two hours, have a caustic action which, on account of the closed lids, must naturally be intense. A far safer and even more efficient remedy is a four-per-cent. solution of boric acid, which has no irritating properties, and even when freely used shows no caustic tendencies.

A case of diphtheritic conjunctivitis of the gravest type yielded to aqua calcis. Kroll instituted comparative experiments with aqua calcis and carbolic solutions in this case, both eyes being affected and treated differently. The superiority of the aqua calcis was soon established. It was also successfully exhibited in cases of acute and blennorrhoic conjunctivitis. It is contra-indicated in epithelial exfoliation and corneal ulceration, where an incrustation of the cornea with chalk would result.—*Therap. Gaz.*, June.

Gonorrhœal Ophthalmia—Hollow Eye-Speculum and Douche.—E. Treacher Collins, Royal London Ophthalmic Hospital, Moorfields, writes: The two chief obstacles which are met with in the treatment of gonorrhœal ophthalmia are—the rapidity with which the discharge re-forms after its removal, and the difficulty of applying astringent or antiseptic solutions to the inflamed conjunctivæ on account of the swelling of the lids. So great is this difficulty that the external canthus has often been divided to remedy it, and the late Mr. Critchett even divided the upper lid through its centre and stitched its halves apart. The hollow eye-speculum and douche is an instrument which Messrs. Weiss and Sons of the Strand have made for me to overcome these two difficulties. It consists of an ordinary spring speculum,

the two limbs of which are hollow and prolonged separately for about a quarter of an inch beyond the spring; these are each connected by means of india-rubber tubing to the two arms of a Y-shaped piece of metal tubing; the foot of the Y-shaped piece is joined by another piece of tubing to the tap of an irrigator. The outer borders of the portion of the limbs of the speculum which pass beneath the lids of the patient are each perforated by four holes, the lower part fitting into the upper so as to facilitate its introduction between the inflamed lids. The patient lies on his back on a couch; the speculum, having been connected to the irrigator, which hangs above the patient's head on the wall, is introduced, and the tap turned; the fluid then circulates from the irrigator down the tubing to the Y-shaped piece, through its two arms to the limbs of the speculum, and out of the holes into the conjunctival sacs; the patient holds a kidney-shaped tray close to the side of his head to catch the waste fluid. In this way the accumulation of the discharge can be prevented and antiseptic and astringent solutions efficiently applied to the whole of the conjunctival surface. Mr. Edgar Brown has published a description of an instrument of his invention which consisted of a hollow elevator. The advantages I would claim for the hollow speculum are: First, it does not require to be held in; once fixed, the patient can manage it himself. Secondly, it irrigates both conjunctival sacs at the same time. Thirdly, it can be used as a speculum and the condition of the cornea investigated, and any medicament that is necessary applied to it.—*London Lancet*, June 20th.

Iritis.—If a specific nature of the affection be either established or suspected, mercurial inunctions and iodide of potassium internally (30 grains daily) are to be insisted upon. In absence of any specific taint, we can often detect a rheumatic element; then salicylate of sodium is to be exhibited. Additional relief will always be afforded by warm baths, dry frictions, and air-baths. Cases of tertiary syphilis presenting iritic symptoms will require the hypodermic employment of corrosive sublimate. In absence of all etiological indication in what is termed simple iritis, mercurial inunction and the iodide of potassinm are still useful as interstitial absorbents. Therefore, if a rheumatic diathesis cannot be ascertained, the specific treatment is invariably to be resorted to first. An energetic and sufficiently long-continued treatment will usually prevent the chronic form of this affection, which of course implies grave troubles.—*Therap Gaz.*, June.

Treatment of Detachment of the Retina by Iridectomy.—At a recent meeting of the Société Française d'Ophthalmologie (*Progrès méd.*), Dr. Dransart read a paper on detachment of the retina, which he believes to be produced by the same causes as glaucoma and myopia. Acting on this supposition, he has performed iridectomy in twenty-three cases, and seven of the patients recovered completely, while there was improvement in twelve. Other plans of treatment, such as mercurial inunctions, injections of pilocarpine, absolute rest, etc., must be tried in suitable cases.—*London Med. Record.*

Leech under Eyelid.—Dr. Charles Amat reports an instance in which a leech found its way into the palpebral fold of the conjunctiva of the upper eyelid. A division of Zouaves were encamped at Chellala, in Algeria. The drinking-water was chemically pure, but contained a considerable number of leeches. A Zouave applied at the hospital to be relieved from the sensation of having something in the left upper eyelid. On raising the eyelid, a leech was observed in the palpebral fold, and adhering to the conjunctiva bulbi. It was from twenty-five to thirty millimètres long, and one and a half in diameter. This leech had fixed itself on the eyelid, and continued to grow during five or six days. The Zouave used unfiltered water for washing. —(Paris Letter) *British Med. Jour.*, May 30th.

Morphia with Cocaine.—It is claimed that by the addition of a two-per-cent. solution of the muriate of morphia to a four-per-cent. solution of muriate of cocaine the anæsthetic properties of the latter are made more active and permanent. —*Louv. Med. News*, June 6th.

Glucoside of Boldo as a Substitute for Cocaine.—Our Paris correspondent says that M. Laborde has found that the glucoside of Boldo in certain proportions produces ocular anæsthesia as well marked and similar to cocaine.—*N. Y. Med. Record.*

Collyrium.—A collyrium made with ordinary water is found to be less irritating than one prepared with distilled water. This is probably due to the presence in the former of sodium chloride and other salts. —*Birmingham Med. Rev.*, May.

Some Indications for Eserine.—Threatened glaucoma or paroxysms preceding operation, gr. ij.–℥ j., every two hours. Deep and perforating ulcers of the cornea, with or without iritis, gr. ij.–℥ j., every three hours, and atropia, gr. iv.–℥ j., at night.—*Polyclinic*, June.

Local Treatment for Chronic Catarrhal Conjunctivitis.—For cases presenting diffused injection of all conjunctival vessels of the lids, attended with considerable puffiness or œdema, an application, every second day, of tannic acid in glycerine, ʒ j.–℥ j. For cases of long standing, with injection of large parallel vertical vessels, with tendency to involvement of the cornea, solution of silver nitrate, gr. ij.–℥ j.—*Polyclinic*, June.

AURAL.

Tinnitus Aurium and Nervous Disease.—It not infrequently happens to the physician that he is called upon to treat a case of obscure nervous trouble, one in which, after a careful review of all the symptoms, which may be more or less distinct, he is at a loss to determine what the nature of the trouble is, and where it is. Diligent search is made for some offending organ, but all seem to be performing their functions in a healthy manner.

One organ, however, has escaped attention, as it usually does in these cases, and that is the ear. Why this should be so, why the profession should so entirely leave out of consideration affections of the ear, so often the source and possible cause of general constitutional disturbance, and more especially their effect upon the nervous system, we cannot understand. When its close proximity to the brain is considered, when it is remembered that it is intimately connected with other organs and systems of the body by nervous and vascular supply, a neglect to give to it the attention which its importance demands would seem to be culpable. These thoughts have been suggested by a perusal of a report on tinnitus aurium read at the annual meeting of the Association of Superintendents of American Institutions for the Insane, by Dr. Geo. C. Catlett, Superintendent of the Lunatic Asylum, at St. Joseph, Mo. In this very interesting paper the writer relates a case which serves to illustrate the ideas expressed above. The patient had had scarlet-fever four years previous to his admission to the asylum, with subsequent discharge from both ears lasting through the four years. He became eccentric, restless, self-willed, and suspicious of those around him, fearing personal injury. He had insomnia, and in walking always described a circle, going around to the right. The tinnitus assumed the character of voices of persons talking to him. He was so obstinate that it was necessary to put him under restraint in order to examine and treat his ears. The auditory canals were found obstructed with hardened, dried pus and cerumen. Upon the removal of this, and subsequent treatment of the ears, the patient returned home in four months sane and apparently well of his aural trouble. Now, can there be any doubt that if this patient had received the proper treatment at the beginning of his aural trouble his after-attack of insanity would have been prevented? We think not. In this case, however, there were symptoms pointing so directly to the ear that it was not possible to overlook it. But in those cases where there is doubt and inability to locate the cause of the nervous symptoms, we believe that a careful examination of the ear would often reveal the existence of trouble sufficient to account for the patient's condition, the treatment of which would afford the desired relief. We are confident that our views on this subject are borne out by the record, and we should be glad to see affections of the ear receiving more consideration at the hands of the general profession.

As Dr. Catlett has called the attention of those who have most to do with the care and treatment of the chronic insane to this subject, we would emphasize his thought and urge it upon the thoughtful consideration of the general practitioners under whose care these cases first come, before they are committed to asylums for treatment. Doubtless proper attention to this matter in the outset may be able to avert the necessity of committing some such cases to the asylum at all.—(Editorial) *St. Louis Med. Cour.*, May.

Peroxide of Hydrogen in Aural Therapeutics.—Dr. Frank Allport, of Minneapolis, Minn., writes that he has found the peroxide of hydrogen very serviceable in cleansing the middle ear preparatory to an insufflation of boric acid, iodoform, and other antiseptic powders. This substance, H_2O_2, is a combination of so unstable a character that it readily decomposes, liberating one atom of hydrogen, upon contact with various substances, pus among the number. The oxygen thus liberated is in a nascent condition and very active, and will force pus to escape in the form of bubbles from any cavity in which it may be confined. Dr. Allport first employed peroxide of hydrogen to cleanse the exposed mastoid cells after an operation, and was so pleased with its action in this case that he commenced using it in chronic suppuration of the middle ear. His method of employing the agent is very simple. The meatus is first wiped out with cotton, and then a small quantity of the peroxide is instilled and allowed to remain for a minute or two, during which time the pus will escape bubbling from the meatus. The canal is now cleansed again, and a further instillation of the peroxide is made. The process is repeated until no effervescence is noticed, which is usually after the second application. The parts are then thoroughly dried, and the insufflation is made. When the opening in the membrana tympani is so small as to render it difficult for the fluid to enter, a middle-ear syringe is used, and two or three drops passed into the tympanum. Dr. Allport states that the success attending his mode of treatment in his hands has been very gratifying. In order to obtain the best results the peroxide of hydrogen must be fresh. After standing a few weeks it loses much of its strength, and it should be kept in a colored bottle, away from the light, and in a cool place.—*N. Y. Med. Record.*

Desquamative Inflammation of the Meatus Auditorius Externus, Membrana Tympani, and Middle Ear.—Laurence Turnbull, M.D., Ph. B., Aural Surgeon Jefferson Medical College Hospital, etc., gives the following: Owing to the mistakes made by the young physician when this class of desquamative inflammation of the epidermic layer of the ear present themselves, I consider it of importance that they should have some more definite information in regard to this class of disease of the ear, as it is almost always either omitted or confounded with accumulations of cerumen; indeed, when first observed, it is, in nearly all the ordinary cases, a deep layer of epithelium covered with a layer of cerumen, and until this layer is removed, the true character of the disease is not discovered.

Case.—I. W., aged thirty-five, a paying teller of a savings bank, and closely confined to a heated office all the morning, yet fond of driving in the open air in the afternoon. He has been troubled from time to time with fulness in and about the ears, with deafness in the right ear, the result, he thinks, of cold air striking on that ear, owing to the opening and shutting of the door of the bank. The gentleman would relieve himself temporarily by picking a white mass from the auditory canal. In September found his deafness in the right ear so great that when spoken to in an indistinct or low tone he could not hear, so that he had to turn the left ear. He has had some pain in the upper part of the ear and temporal region, extending at times deep into the interior of the ear. The tinnitus was very distressing, and much increased during the night, so that it was difficult for him to get to sleep, causing restlessness, and on awaking was not refreshed. On account of the pressure of his duties at the bank, he had not, up to this time, been able to take a holiday for treatment.

On testing his hearing, a watch could only be heard two inches from the ear. The tuning-fork placed on the head was heard very loud in the right ear. Upon examination the auditory meatus was filled up with a white-gray firm mass, especially at the junction of the cartilaginous and bony portions of the anterior portion, where it was very dry. After removing a portion of it, the patient was directed a warm solution of bicarbonate of sodium (xx. grs. to ℥ j. of equal parts of glycerine and water), applied warm 15 minutes, three times daily, and to close the meatus with a pledget of cotton.

I also directed him the following ointment: Hydrarg. oxid. flav., grs. ij.; vaseline ʒ ij.; morph. sulphat., gr. ij. To be applied by means of a pledget of cotton on the end of a pointed piece of wood, introduced and rotated, not allowing the cotton to remain, but putting in its place a

woollen pledget, with which the patient is able to hear; also assisted in keeping the parts moist. By washing and picking out the white mass from time to time with the use of the forehead mirror, I gradually removed, piece by piece, the diseased epithelium scales, which floated in the water like moist paper, and presented none of the yellow or brown fatty appearance so characteristic of cerumen.

It was so brittle, that when caught by the forceps only a part would remain in the blades. When the adherent mass had been removed from the junction of the bony with the soft parts of the meatus, there was found a cavity containing pus, running upwards and inwards, which clearly indicated the point of pain. In most of the cases which I have studied, pain in the ear is the exception and not the rule. It was not for many weeks that this abscess, from the pressure and irritation of this tumor-like mass, gradually healed, under careful cleansing, and the use of a strong solution of nitrate of silver applied to the part by means of cotton on a platinum wire introduced on a Gruber tenitome handle. I directed the patient to employ at home a solution of x. grs. sulph.-carbolate of zinc to the ℥ j. of water by means of a pellet of cotton to the granulating surface.

When, at last, the membrana tympani was seen, it was found to be only slightly opaque, having been treated in time.

It was only when the last of the false membrane was removed and parts relieved from their water-logged condition, that the intense tinnitus aurium ceased.

When the membrane became free, dry, and assumed its normal, healthy aspect, he was directed to use, as a precautionary measure, the ointment mentioned on a pledget of wool, while riding and exposed to currents of air in bad weather.—*Med. and Surg. Rep.*, May 16th.

Cocaine in Diseases of the Ear.—Since the discovery of the anæsthetic action of cocaine it has been employed for the relief of pain wherever located. (*Prager med. Wochenschrift.*)

In diseases of the ear cocaine has not been so successful as when applied to diseased mucous membranes. Weber-Liel has claimed astonishing results from a solution of cocaine in spirits; but possibly the analgesia was largely due to the action of the alcohol. The only manner in which we can explain its prompt action in myringitis is that the layer of ephithelial scales becomes abraded, which allows of a more ready imbibition of the remedy.

In acute inflammation of the drum membrane the pain is quite severe, and our object must be to tide the patient over until there is spontaneous rupture of the membrane, or until the height of the inflammatory process has passed away. The application is made by means of a tampon of cotton, to which a strong string is tied, so that the patient may remove it with ease. The plug of cotton is saturated with a five-per-cent. solution of cocaine and then pushed into the auditory meatus to such a depth that it may come in contact with the inflamed tissue. Should it become necessary to make a second application, the tampon may be removed by the string. In furunculous inflammation of the meatus it will be found that cocaine has little or no effect unless there is some abrasion of the cutis.—*Cin. Lancet and Clinic.*

Facial Paralysis from Acute Otitis Media Ending in Recovery.—Dr. E. J. Moure (*Rev. mens. de laryngologie*, etc.), after quoting from Toynbee two cases of facial paralysis occurring in the course of acute otitis media, records the following. The little daughter of Mme. X., aged six and a half years, was seized with pains in the ear; five days later they became more violent, accompanied by discharge from the ear, and on the following morning facial paralysis was seen on the left side. Thirteen days after the first onset the patient was examined by the author, who found facial paralysis present. The pain had almost entirely ceased, and there was an abundant yellow fetid discharge from the left ear; after cleansing of which a small irregularly shaped perforation was found in the anterior inferior segment. Five days later, under instillations of subacetate of lead, the perforation healed; but, in spite of blistering to the mastoid process and electrization of the muscles, the paralysis still persisted. Under a continuation of this treatment, combined with Politzer inflations, in two months from the commencement, the paralysis began to diminish, and in another month it had completely disappeared. The author attributes the paralysis to the pressure of the accumulated pus in the middle ear, and to the swelling and hyperæmia of the mu-

cous membrane. Timely paracentesis might in these cases, he considers, avert such a disagreeable concomitant. — *London Med. Record.*

Aural Vicarious Menstruation.— Dr. W. Thomas records a peculiar case in which the usual menstrual flow was replaced by sero-sanguineous discharge from the ear. The patient first came under observation when suffering from injuries incurred during a drunken row, and it was supposed at first that she had sustained a fracture at the base of the skull. On careful investigation it was learned that menstruation had been regular up to the age of twenty-five, when in a drunken quarrel she received a kick on the side of the head from her husband's heavy boot. The red discharge from the ear appeared then for the first time ; symptoms of cerebral disturbance then set in, and she was confined in a lunatic asylum for some months. After that injury her menstruation was never regular, but occurred at intervals of six or twelve months. The flow was scanty, and there was no discharge from the ear coincident with that from the uterus. Except when the natural flow occurred there was regularly every three or four weeks a sero-sanguineous discharge from the ear.—*Australian Med. Jour.*

Deafness as the Alleged Result of a Blow.—The question of how much reason there may be for the warnings that otologists have given from time to time of the danger of damage to the organ of hearing as the result of a blow on the ear seems likely to be tested in one of our city courts. A gentleman has been sued for striking a boy on the ear, thereby, as the boy's father seeks to prove, causing his deafness more or less complete. The testimony as to matters of fact appears to differ only in regard to the severity of the blow, and the issue of the suit seems about to turn on the medical testimony concerning the degree of violence necessary to injure the ear. Dr. D. B. St. John Roosa is reported to have testified that, in his opinion, the blow could not have produced deafness unless it was severe enough to knock the boy down, and that deafness was common in children, being usually the result of cold. Dr. Roosa testified also that deafness might take place in consequence of immoderate sea-bathing, and, as regards the boy in question, a witness was produced who testified that "they had a tough time to keep him out of the water."—*N. Y. Med. Jour.*, May 9th.

Brain Trouble Depending on Trivial Ear Affection.—At a meeting of the St. Louis Medical Society Dr. Williams presented the history of the following interesting case. A young man in Carondelet had been deaf for several years, and during all this time he had dizziness to such a degree that sometimes he would fall. Besides this he had convulsions which were regarded as epileptic. On examination of his ears they were both found to be plugged up with wax ; and when this was removed not only did the deafness disappear, but the dizziness and epileptic symptoms also went away. It is well known that affections of the drum may be the cause of the decided dizziness.—*St. Louis Med. News*, May 9th.

Earache.—Cotton, soaked in two parts of chloral, ten parts of oil of almonds, and sixteen parts of glycerine, often allays earache.—*Med World*, June.

DERMAL.

Equinia Mitis. — Benjamin Strachan, M.B., Monkwearmouth, reports as follows : Some weeks ago, I had under treatment a carter, aged about forty-five, whose ailment seemed to come under the above category. About six weeks before I saw him, he had been working an old horse affected with grease, and had occasion frequently to manipulate the diseased parts ; and, for some time before taking to his bed, he had suffered from what he took to be rheumatic pains in various parts of his body. At last he was obliged to give up work, from the severity of the pain in the lumbar region and along the course of the right sciatic nerve ; and, after two days in bed, an eruption appeared on the outer aspect of the right leg, extending from about six inches above the knee to within four inches of the ankle-joint, and partially invading the popliteal region. This consisted, at first, of large and small bullæ, speedily succeeded by a profuse eruption of pustules, arranged in small clusters upon a base, which speedily swelled, presenting the appearance of a large crop of small carbuncles, which discharged pus, and some of them cores, through perforations of the skin, where the pustules had been. These perforations had

the appearance as if the skin had been riddled with pellets. Immediately before and during the earlier period of the eruption the leg was much inflamed and swollen, and there was considerable pyrexia, with severe headache, nausea, and sleeplessness. The glands in the right groin were tender and swollen for some days, but did not cause much trouble. There were only one or two more inflamed pustules on other parts of the body, and I was inclined to regard it as a form of herpes zoster, aggravated by equinia-poisoning. That it was infectious was soon proved by his wife, who attended upon him, being attacked by it, though less severely. An angry pustule appeared upon the back of one of her little fingers, attended with great pain, redness, and swelling, which began rapidly to extend over the hand, but was checked by a free incision over the pustule, followed by fomentations and poultices. This was succeeded by an erysipelatous blush round the left eye, with a small abscess over the inner canthus. The husband was confined to his bed for three weeks, but has now entirely recovered. The treatment in his case was iron and quinine, and chloral, with linseed and charcoal poultices, and carbolic and lead lotions. The wife, although feeling very much out of sorts, was never laid up.—*British Med. Jour.*, May 30th.

Soaps Medicated for Skin Diseases.—Dr. J. V. Shoemaker read a paper to the Med. Soc., State Penn., on soaps especially medicated in diseases of the skin. The value of potash soap medicated with tar, naphthol, carbolic acid, salicylic acid, sulphur, balsam of Peru, mercury, etc., was cited. Medicated soda soap has greater scope. It must be used judiciously once a day, or once or twice a week, according to toleration.

Alum soap, ten per cent., is useful in hyperidrosis and seborrhœa oleosa, and in excessive sudoriferous and sebaceous secretion. Many cases of pustular eczema, particularly in the subacute stage, are benefited. It should be used in lupus, cancer, and in scrofulous and syphilitic skin affections. It is stimulating and astringent to ulcers.

Arnica soap, ten per cent. extracti arnicæ, cures sore nipples, and is used about the mucous outlets of the body in cleansing boils, carbuncles, and pustular skin affections, in wounds and bruises of the integument. It is sedative to irritation, soreness, and pain.

Boro-glyceride soap, ten per cent. of a fifty-per-cent. solution of boro-glyceride, is preferable to either borax or boracic-acid soap; is antiseptic and deodorant; destroys germs. It is especially useful in pruritus. Valuable in acne and seborrhœa.

Camphor soap, ten per cent., is primarily stimulant, at times irritant, and secondarily anodyne. Used in the pruritus of eczema, chilblains, etc.

Carbolic-acid soap is stimulant and anæsthetic; used for its antiseptic action in wounds, and in suppurating sores, relieving their accompanying itching. Chronic eczema, psoriasis, etc., are much benefited by it.

Chamomile soap, ten per cent. extract. anthemidis, is excellent in intertrigo, dermatitis, seborrhœa, bromidrosis, etc. It is rendered more effective by the addition of sulphur five per cent.

Eucalyptol, naphthol, salicylic-acid, and corrosive-sublimate soaps, with some twenty other medicated soaps, were mentioned by the doctor, who described their several uses, and cautioned that medicated soap is potent for harm if injudiciously used, disappointing if relied on exclusively, but is valuable as an adjuvant to other treatment. Dr. T. Green said he would like to advise people not to use castile soap in winter.—*N. Y. Med. Record*, June 6th.

Raynaud's Disease.—Dr. Colcott Fox brought before the Clinical Soc., London, two adults affected with this disorder, and read notes on the cases. A woman, aged forty-one, of extremely nervous temperament, dated the commencement of the disorder from ten years back; but though this was the period when her attention was attracted by her pain, it was probable that she had suffered from slight attacks for some years previously. In the earlier stages all her fingers continually went "like white wax." This condition of recurrent local syncope gradually gave place to local asphyxia, and the feet became involved. The fingers gradually lapsed into a state of chronic asphyxia, which was intensified by frequent attacks of more severity, often leading to "blood-blisters and ulceration." The nutrition of the phalanges had suffered greatly, so that

her hands were crippled, the fingers were fusiform in shape, livid, shiny, and withered, the nails variously distorted, and the end-phalanges much atrophied and almost immovable. The nose and ears were affected to some extent on exposure. Cold and nerve-shocks were readily exciting influences. The second case, that of a man, aged fifty-one, was of considerable interest from the fact that, like one of Raynaud's cases, he suffered from diabetes. His hands were not deformed, but he had suffered for several years from "dead fingers." He sought Dr. Fox's advice for symmetrical gangrenous patches on the skin, which recurred, and later for an attack of asphyxia of one great toe, and lower third of the inner side of the leg; and then it was found that he had been attacked in a similar manner, though more severely, in the other toe; and on another occasion blood-blisters had formed beneath the ends of his toes. Dr. Fox concluded his paper by giving a reference to some cases which had been recorded as scleroderma of the extremities. A woman with the latter disease was shown to illustrate the difference between it and Raynaud's symmetrical gangrene of the extremities.

Dr. B. O'Connor inquired if there was any history of hæmoglobinuria in these cases. A case which he had last year presented to the Pathological Society was very similar. In that case, he had given nitro-glycerine, and the attacks and pain had been much lessened thereafter. Mr. Cripps said the second case was apparently one of gangrene due to diabetes; though the first case was one of Raynaud's disease. These cases were not far removed from frost-bite and senile gangrene, the former depending upon the starvation of a part from cold, the latter due more to a constitutional cause, the arteries being diseased. Raynaud's disease fell between the two. Many of these patients had cold extremities, which at length became gangrenous when the weather was very cold. Senile gangrene resembled the condition found in an old tree, in which the circulation of the sap kept the lower branches living, though the upper branches died. Such patients should particularly keep their limbs warm. Dr. Barlow said that Raynaud had recommended the use of the constant current for these cases. A patient of his own, a man, aged forty-two, had for two years been almost constantly suffering from severe attacks of pain in the feet, which were blue and cold. He could not walk, and was not entirely free from the trouble even in the summer. Last autumn the constant current was applied, one pole to the spine, one to the extremities; but this was useless. It was then tried with both poles to the extremities, and kept up for about twenty minutes every day to each extremity, from August to April of this year, with benefit. The feet soon had a warm glow; and the result had apparently been permanent. The man now shampooed his feet every day, and could do his work. As to the acute paroxysmal attacks in the two little girls mentioned in the same paper, formerly brought before the Clinical Society, together with the man whose case he had just described, these attacks only came on when the cold weather appeared; they were both well in the summer, except once, last August, when, after hot weather, there came a cold time. The paroxysms lasted generally a couple of hours, coming on at about 9 A.M. and 5 P.M., usually each day. The feet were quite cold, black, and intensely painful. In one attack, ten minutes after its commencement, a bath of salt and water was used; one pole of a Léclanché's battery was applied to the limb in the water, the other pole some inches above the ankle, and the benefit was considerable. In another patient he had also tried galvanism, and the benefit was great. He had tried nitrite of amyl; the face flushed, but it had no influence on the local condition of the extremities. He was sure that, in Dr. Fox's first case, it would be well to try the constant current daily for months, and follow up that treatment by constant shampooing.

Dr. Fox, in reply, said that there was no hæmoglobinuria in his cases. The patient with diabetes had unquestionably Raynaud's disease. The other patient had been treated with the constant current in the Westminster Hospital for some weeks, as recommended by Raynaud, and had received great benefit.—*British Med. Jour.*, May 30th.

Rhigolene or Amyl Hydride.—Dr. Richardson finds this useful as follows:

For Burns.—Camphor and spermaceti dissolve in rhigolene freely. The solution so formed may be applied with cotton-wool to burns. The evaporation of the fluid gives instant relief to pain, and leaves over the surface a thin layer of spermaceti

and camphor, which excludes air and forms an excellent dressing. One drachm of spermaceti and one drachm of camphor will dissolve in two fluid ounces of rhigolene.

For Iodine Disinfection.—The hydride takes up iodine, making an iodine solution, useful for various purposes. Applied to the surface of a fetid wound, it leaves the iodine on the surface in finest subdivision. Sprayed into the throat the solution is useful in malignant or fetid ulceration, one or two injections of the spray being quite sufficient to leave free iodine upon the surface. Inhaled as a weak solution, it affords a means of allowing iodine to enter the respiratory tract, a little iodine being always carried over with the vapor. The strength used is five grains of iodine in one fluid ounce of rhigolene. One of Gamgee's excellent absorbent pads treated with half a fluid ounce of this solution becomes an iodine sponge, applicable for a variety of purposes.

For Antiseptic Use.—By shaking a strong solution of ammonia with the rhigolene and then decanting off the water, an ammoniated solution is obtained, which acts as an antiseptic for inhalation.—*Journal Amer. Med. Ass'n*, June 6th.

Cicatrization—To Promote.—To a granulating surface, Prof. Gross applies the following :

℞	Acidi nitrici	ʒ j.
	Pulv. acac.	ʒ ss.
	Aquæ	O j.

Or

℞	Ung. hydrarg. nit.	ʒ j.
	Adipis benzoat.	ʒ x. M.

These are used to promote rapid cicatrization.—*Col. and Clin. Record*, June.

Ulcers—Chronic.—For chronic ulcers of the leg which resist various plans of treatment, Prof. Bartholow advises that the surface and surrounding skin be blistered, to be followed by the application of a poultice. This done, use the following :

℞	Plumbi nitrat.	ʒ j.
	Ung. petrolei (cosmoline)	℥ j.

—*Col. and Clin. Record*, June.

Nutrition by Absorption in Granulating Surfaces.—Assuming that a granulating surface, if sufficiently large, might be made use of with benefit as a medium for the administration of nutritive material, and that certain such materials could be applied to it which would not interfere with the processes of cicatrization, Doctor Hopkins, in the treatment of an extensive ulcer, determined to employ for this purpose an emulsion of cod-liver oil, to which was added five grains each of pepsin and pancreatin to the ounce. The ulcer was accordingly dressed once a day with lint soaked in the preparation. A very decided change was soon observed ; the appetite began rapidly to improve, and in fourteen days the area of the ulcer was reduced from one hundred and five to seventy-seven square inches.—*London Med. Press*, June 3d.

Albuminuria in Skin Diseases.—W. Augagneur, in a very interesting article contributed to the *Lyon médical*, concludes, from a number of cases observed by him, that often acute nephritis arises in the course of lymphangitis and ecthyma, and that these lesions of the kidneys are directly dependent upon the skin lesion. The pathogeny is explained by the absorption of micro-organisms by the wounds and their elimination by the kidneys (infectious nephritis of Bouchard). Generally these renal troubles disappear as the dermatic trouble improves ; they may prove fatal, however, in the manner observed in all renal troubles. Antisepsis in suppurating skin lesions is the best method of preventing all complications having their seat in the kidneys.—*St. Louis M. and S. Jour.*, June.

Chilblain Crayons.—

Camphor	ʒ iss.
Iodine	ʒ iij.
Olive oil	℥ vj.
Paraffine	ʒ iiss.
Alcohol	q. s.

—*Jour. de méd de Paris.*

Dissolve the camphor in the oil and the iodine in as small a quantity of alcohol as possible. Add the mixed liquids to the melted paraffine and pour the whole in suitable moulds. The pencils can be rendered hard or soft by the addition or diminution of olive oil.—*Can. Pract.*, June.

Dextrine Paste for Freckles.—

Oxide of zinc		ʒ ij.
Oxychlorate of bismuth		ʒ ss.
Sublimate		grs. iij.
Dextrine,		
Distilled water	āā	ʒ ij.
Glycerine		ʒ iij.

Make into the consistence of a paste.—(Unna.) *Jour. de méd. de Paris—Can. Pract.*, June.

Inflamed Surfaces.—Dr. McCall Anderson, of London, gives the following as the most valuable application for inflamed surfaces that he has ever tried.

℞	Bismuthi oxidi	grs. c.
	Acidi oleici	ʒ xiv.
	Ceræ alb.	ʒ v.
	Vaseline	ʒ xv.
	Ol. rosæ	♏ j.
M.		

—*Med. World*, June.

Tinea Versicolor, or Chloasma, will yield rapidly to a few applications—sometimes to one—of chrysophanic-acid ointment ʒ j. to ʒ j.—*Med. World*, June.

TOXIC AND HYGIENIC.

Transfusion of Milk in Opium-Poisoning, with Some Thoughts on Treatment.—The following is from an article by D. Tod Gilliam, M.D., Professor of Physiology and Diseases of Children, Starling Medical College, Columbus, O. Some very recent experience in the treatment of opium-poisoning, taken in connection with that acquired heretofore, suggests to my mind a question as to the propriety of much that is embraced in the conventional method of treating such cases. I refer more especially to the efforts made to combat the somnolent state and to keep the patient from sinking into insensibility. It is not the somnolence that kills, as is evident by the fact that individuals may and often do remain in a lethargic state for long periods without special detriment to the vital energies. It is further evidenced by that class of cases in which the patient recovers consciousness after the hypnotic action of the drug has expended itself, but gradually sinks and expires from the resultant exhaustion. Such cases are not uncommon. Had I a case of opium-poisoning to-day, I should give less attention to the coma and more to the fostering of the vital energies. While we recognize the fact that pain is the natural antidote to opium, that exercise promotes the circulation, and that the reflex of impressions made on the skin stimulates respiration, we must not shut our eyes to the extreme probability of overdoing these things in our anxiety, of inflicting such injury, and so exhausting the already overwhelmed nerve-centres, as to shut off the chances of life after the lethal effects of the drug have worn off. In the use of those means calculated to awaken the sensibilities, I should use moderation and caution, and especially would I use them intermittingly. Whatever measures are used, let them be sharp and short in duration. In exercising the patient, let there be a brisk walk or run, followed by a period of repose. In the use of cutaneous excitants, such as pinching, lashing, douching, electricity, etc., be sure that they are not kept up too persistently, and that they are so selected and so performed as to inflict the minimum of bodily injury and yet produce the maximum of pain. Very small twigs or a broad, thin paddle for whipping, a small fold of skin for pinching, quick or forcible jets of water for douching, and, above all, the use of the faradic current, are the methods and measures called for. In the use of coffee, I should be careful not to overload the stomach, as absorption is certainly not promoted thereby, and the distention of this organ only leads to pernicious reflexes and interferes with the action of the heart. I should give atropine to such an extent as to produce moderate dilatation of the pupil, would keep the surface comfortably warm, use massage upward to aid the circulation, and, lastly, if I saw the vital powers were waning, I should resort to the transfusion of milk.

Dr. Gilliam, having occasion to resort to transfusion of milk, where the patient was exhausted more by over-treatment than by the opium, says: Accordingly, after making arrangements to get some milk directly from the cow, I improvised an apparatus as follows: Taking a small hard-rubber syringe, I discarded the piston, and by wrapping the nozzle of a Davidson's syringe, made it to fit air-tight into the chamber of this smaller one. I then cut down upon the radial vein, and lifting it on a button-hook, opened and introduced into it the nozzle of the small syringe, which, being secured in position by ligatures, was filled with a warm saline solution. In the meantime the milk had been obtained and kept at a temperature of 100° F. by immersion in warm water. The warm salt water with which the Davidson syringe also had previously been filled, was now displaced by milk, and the nozzle introduced into the chamber of the smaller syringe, so as to entirely exclude the air, and one pint of milk gradually thrown into the vein. The effect was striking. The respirations

which up to this time had remained at about eight per minute, promptly rose to sixteen; being quiet, easy, full, and natural. The volume and force of the pulse increased, a general health-like suffusion or glow of the surface ensued, and the patient opened her eyes. This was soon followed by a momentary pallor, loud rattling in the throat, and vomiting; but these unpleasant symptoms soon passed off and the patient lapsed into quietude, with an aspect so much improved as to lead us confidently to expect recovery. At this juncture, being called away, I promised to return at 1 P.M., intending to repeat the transfusion, should circumstances justify such a procedure. Unfortunately I was unable to return until nightfall, when she had just expired. She had continued in good condition until about the time of my expected call, when signs of failing became manifest, and she gradually became weaker until life became extinct.

She died of exhaustion pure and simple, and the question obtrudes itself: "How much of the exhaustion was contributed to by the severe inflictions to which she was subjected in the combat against insensibility?"—*N. Y. Med. Record*, June 20th.

Treatment of Old Age.—Professor Horatio Wood, in a clinical lecture delivered at the Philadelphia Hospital, reminded his pupils that old persons often prove very profitable patients, and frequently require advice having for its object the prolongation of life. In this matter, there are three points to be especially considered. "First, the protection from untoward influences, from exposure to which a large proportion of those die who are said to die of old age. An amount of exposure which may be nothing to a young man, becomes a very serious matter to an old one; and one of the best protections from cold is a buck-skin jacket. Every one who is seventy-five years of age, and whose physical powers are beginning to fail, should be put into a buck-skin jacket extending from the shoulders to the hips. There is no flannel, silk, or any thing else which will compare with buck-skin in preventing chilling of the body. Chilling of the surface in an old person means a rush of blood to the internal organs, where from weakness of the vaso-motor system, and the condition of the vessels, contraction cannot take place, and the congestion is even apt to be followed by pneumonia or other inflammatory result. Such patients must be especially guarded against exposure to wind. Damp is feared by many, and credited with causing many affections; but where damp has slain its thousands among the aged, high winds have slain their tens of thousands. This caution applies not only to old age, but to all cases in which there is a tendency to cardiac failure. High winds chill the surface, oppress respiration, and are exceedingly disastrous to the life of any person whose circulation is without power. I need not say any thing in regard to preserving the nervous system from all shocks. Fortunately, as the intellectual powers become blunted, so do the emotional energies, and the old man is not so susceptible to emotional disturbances as is the man whose nervous system is unaffected by age. All accidents are, of course, to be carefully guarded against, and all excessive bodily or mental exercise. Remember, excessive is a relative term, and for the weak excessive may be very little. Rest is of great importance. Indeed, old people should spend many hours in bed. 2. The next point is in reference to diet. The food should be light, but nutritious. Stimulating food should be withdrawn. Meat should be used but sparingly. What we start with, to that we must come, in this life. Man, who begins on milk, should in the last years of his life make milk the chief article of his diet. 3. Finally, in regard to medicines. There are two drugs which are of the greatest importance to old persons. These are alcohol and opium. If your patient, approaching his 80th year, can be made an opium-eater, you will in the majority of cases protract his life many months or years. In these cases the opium is to be used carefully, and in such a way that the patient cannot rapidly increase the dose. A number of years ago I was called to see an old man who was thought to be dying, but he is still alive at eighty-four. For the last ten years he has taken an opium suppository every night, but beginning with one grain, he has now only reached two-and-a-half or three grains. Unless the patient has more than the ordinary will-power, it is essential that the opium be administered by some one else. Again, the use of alcohol in old age is of great importance. Every old person should take alcohol in some form three or four

times a day. It should be given at meal-time. I think that it makes little difference whether dilute brandy, or whiskey, or some of the wines are selected; the wines are more palatable to some. It is also important to study the digestion of the patient, for in some it is found that the diluted liquors answer best, while in others the wines are most serviceable."—*Med. and Surg. Rep.*, April.

Detection of Copper and Lead in Wine.—A new method for testing the freedom of wines from cupric and plumbic salts has been put forward by H. Hager. The wine is mixed with half its volume of a clear solution of caustic soda which may contain carbonate. If the liquid remain clear after boiling, neither copper nor lead is present. A turbidity with coloration points to the presence of copper. About six cub. cent. of this solution are poured into a test-tube, a piece of tinfoil introduced, and the whole heated for half an hour on the water-bath. If lead and copper be absent, the foil remains perfectly bright; whereas if in the presence of a trace of one of these metals it becomes dull and gray for lead, and brown or brown-black for copper. This reaction may be applied to all cases when other metals are not present, and the solution remains clear after the addition of alkali.—*London Lancet*, June 13th.

What Is the Proper Time to Take Medicines?—The question whether a prescribed medicine should be taken before or after a meal is often put to the physician, and occasionally requires some special consideration (*Bull. gén. de thérap.*). The medicines which act as local irritants, such as the salts of copper, iron, zinc, and arsenic in large doses, are to be taken after a meal when the stomach is full, while small doses of medicines acting on the gastric terminations of the vagus ought to be taken before a meal. In some instances we have to consider chemical changes. Oxide and nitrate of silver, if intended to act locally on the gastric mucous membrane, must likewise be exhibited when the stomach is empty. It is not generally known, or at least observed, that iodine and its salts are to be administered on an empty stomach, as the presence of starch and acids, modifying or decomposing the preparations of iodine, would reduce or prevent their effect. The acids intended to affect the gastric juices are to be taken before a meal in order to provoke an ample secretion of the gastric glands. If alkalies are to modify the gastric juices they must be given during the meal; but if their absorption into the blood is desired, they ought to be ingested on an empty stomach, in order not to hinder the process of chymification by weakening the acids. Metallic salts, especially corrosive sublimate, likewise tannic acid, alcohol, and other drugs, modify or destroy the digestive power of pepsine, and are hence to be exhibited solely before meals. Small quantities of alcohol, as contained in the ordinary and medicinal wines, do not injuriously affect pepsine like the liquors rich in alcohol. Iron, phosphates, cod-liver oil, and similar medicines may be taken during meal-time. *Therap. Gaz.*, June.

How Shall the Physician Cleanse his Hands?—Dr. Förster, of Amsterdam, contributes an article on this subject to the *Centralblatt für klinische Medicin.* He calls attention to the great importance of physicians thoroughly disinfecting their hands before leaving a case of infectious disease (especially any of the exanthemata), and at the same time he asserts that few of the disinfectants now in use really have the power of destroying those microspores which are recognized as so dangerous an element in modern medicine. After a series of careful experiments in the Hygienic Institute at Amsterdam, in which every precaution was taken to avoid error, the author decided that a solution of carbolic acid of the strength of two and a half per cent was not capable of "sterilizing" the finger, but that a solution of corrosive sublimate of the strength of one to two thousand formed a reliable antiseptic wash. He urges that the latter be adopted by all physicians as well as surgeons.—*N. Y. Med. Jour.*, June 6th.

Ventilation with Air Forced from High Altitudes.—At Wednesday's meeting of the Epidemiological Society a most novel and suggestive paper was read by Mr. Edwin Chadwick on ventilation with air from superior layers in place of inferior layers. Mr. Chadwick gave instances of the local character of mists, indicating the immobility of the lower strata of air, and explaining the distribution of disease; as a means of obviating these disadvantages and securing a purer air for hospitals and

houses than that taken in from the street, he suggested that by means of towers and hot air, or steam-engines, the purer atmosphere above us might be drawn down and regularly supplied to those who preferred it. The principle, he thought, was peculiarly applicable to India and Southern cities generally, for the securing of refreshing sleep free from the plague of mosquitoes. Mr. Chadwick said that he did not know of one instance where the expedient of drawing in a superior air from a height has been adopted or thought of, and we suppose he may fairly claim the credit of starting this very original idea. But it is strange that so simple and sensible an expedient has suggested itself to no one before. Careful experiments will of course be necessary before the suggestion can be adopted in practice; but it is quite possible that the future may present us with cities of chimneys, of more or less "artistic merit," engaged, not in belching forth clouds of pollution, but in sucking down pure air to the bottom of our atmospheric ocean. In the meantime, the authorities of the Brompton Consumption Hospital might very well carry Mr. Chadwick's suggestion into effect, and give their patients one advantage of living at a high altitude.—*London Med. Times*, June 13th.

Dangers from Infected Straw.—A dispatch from New York, of June 16th, states that the dealers in hay and straw propose to begin active measures against the steamship companies, for their neglect to destroy the straw bedding used by the steerage passengers, unless the companies mend their ways very soon. A leading hay dealer says: "The public does not know its danger from this source. When the Pilot Commissioners forbade the further throwing of the straw in the harbor, the companies invoked the aid of licensed venders to help them get rid of the old bedding. It was turned out on the piers, and these venders were either made a present of it or bought it at a low price. They now take it to Hoboken and Jersey City, where it is retailed and sold to crockery dealers and others for packing purposes. We are taking all sorts of precautions against the spread of cholera, and here, right under our noses, a stuff which easily carries infection, and which is likely to have disease germs within it, is not only permitted to be landed to the amount of a hundred tons weekly, but is scattered broadcast all over the country, carrying possibly pestilence with it.—*Jour. Amer. Med. Ass'n*, June 20th.

Green Hair.—A peculiarity of a worker in German-silver spoons is the color of his hair. Years of labor in the trimming or buffing room of a spoon factory dyes the hair of the operative a pale green, which it takes years to change. Aside from the disagreeable and remarkable dye, the manufacture is extremely dangerous. The principal part of the composition of German-silver is copper. The fine emery wheels used in trimming and shaping the spoon fill the air with minute particles of this noxious poison that soon fills the lungs and causes a disease similar to consumption. To escape this a sponge is worn over the nostrils of the workman.—*Med. World*, June.

PARTURIENT.

Occipito-Posterior Positions.—The diagnosis and treatment of occipito-posterior positions was the title of a paper by Dr. William L. Richardson, of Boston, at the Mass. Med. Soc. The points made in the paper were the necessity of early making out the position as well as the presentation in every case; the great advantage to be gained from the practice of external palpation of the abdomen; in cases of posterior positions of the occiput, the importance of an early recognition of any lack of flexion which would be liable to prevent the subsequent forward occipital rotation; the danger, if the forceps was applied to an extended head so situated, of still further increasing the extension; and the ease with which traction, applied on the occiput by means of the forceps reversed, not only corrected the lack of flexion, but also facilitated the forward rotation of the occiput and the speedy and successful termination of the labor. The paper was based on the study of nearly a thousand cases, in which the head had entered the pelvis in the right oblique diameter in ninety-eight per cent.; and the reader dwelt especially on the ease with which the position could be made out by external palpation, even at a very early stage of the labor. The diagnosis of a posterior position of the occiput having thus been detected, it was the physician's duty to watch the case carefully so as to

rectify any lack of proper flexion early, for, if the head was perfectly flexed, the occiput would, when it reached the resistance offered by the lower pelvic strait, inevitably rotate forward. The early detection of a lack of flexion enabled the practitioner to produce the flexion and so allow the head to rotate into a forward occipital presentation.—*N. Y. Med. Jour.*, June 20th.

Placenta—Management of.—At a late meeting of the Med. Soc., Washington, D. C., Dr. C. E. Hagner said he had adopted the plan of not tying the maternal end of the cord. He was astonished to find what a large amount of blood would come away upon the napkin which he placed about the untied end of the cord. The size of the placenta was thus decreased and more easily expelled. It was his habit to give a drachm of ergot to the woman as soon as the child's head was born. He had not a case of post-partum hemorrhage to amount to any thing in sixteen years. No cases of hour-glass contraction have occurred in his practice.—*Md. Med. Jour.*, May 30th.

Care of the Cord of the New-Born.—Proper attention to the cord is necessary to prevent: (1) hemorrhage, and (2) inflammation with its consequences. In this paper the rules followed at the Leipzig Clinic are stated. The essential points are in regard to the best material for ligature of the cord, and in regard to the best after-treatment. As for the ligature, linen thread and silk have been rejected because of their liability to slip with the shrinkage of the cord. From experiments made, in particular by Budin, and corroborated by the authors of this paper, Drs. Credé and Weber, of Leipzig (*Archiv f. Gynäkol.*), the best ligature material appears to be thin rubber. On account of its contractility the danger of slipping is small, and its use in many cases has shown that, if applied double, hemorrhage is absolutely prevented. The method of ligating recommended is the following: Throw a loop around the funis, pass the free ends of the rubber band through the loop, and then, passing one free end around the funis in one direction and the other free end in the other, cross them and tie. Such a ligature is easily applied, remains in place as perfectly at the end of thirty-six hours as when first applied, and is a perfect hemostatic. As for the after-treatment of the cord, rejecting the methods which require the use of powers of various kinds, and unequivocally condemning the applications of oil or fat to the cord, the authors urge the adoption of the following as being the simplest and safest method: As soon as the child has been bathed, simply wrap the cord in cotton wool, lay it over the left abdominal wall, and wrap the abdominal bandage around it. Each morning, after the bath, renew the cotton, having first gently dried the cord. Under this management mummification goes on naturally and rapidly, and since its uniform adoption in the Leipzig clinic not a single case of disease of the cord has been seen.—*Louv. Med. News*, June 13th.

Induction of Premature Labor.—Dr. T. G. Thomas, of New York, writes as follows regarding the induction of premature labor: The method of inducing premature labor which I now invariably adopt is very simple, and, at the same time, a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub below on the floor. In this tub we put one or two gallons of water at a temperature of 98° F. The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half-dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, and that is all.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life which, without it said, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before full term, it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the temperature of the room in the mean-

while being brought up to nearly one hundred degrees. — *Md. Med. Jour.*, June 20th.

Head-Last Labors.—J. A. Wessinger, M.D., Howell, Mich., writes: I would say that in my obstetric record during the last two years, I find that one out of every fifteen cases of obstetrics was a so-called "head-last labor." All of my cases, but one, have terminated favorably. The fatal case was one in which the child lay transversely in utero, with the right hand presenting. In this case podalic version was performed under chloroform. I reported a successful footling delivery in the *Detroit Clinic*, vol. 1, page 317. As soon as the feet, breech, or other presenting parts are about to be delivered, I order from 3 ss to 3 i ergotæ to be given to the patient, and then, if the delivery be "head-last," on the birth of the body I immediately take it in my right hand and carry it well up toward the abdomen of the mother, thus delivering the occiput first. I have never found a detached placenta in these cases; always deliver the placenta by Credé's method. Under the plan of treatment as above related, I have lost but one case of "head-last labor."—*Med. Age*, May 25th.

Closed Urethra in the New-Born.—Dr. J. R. Shammo, Phila., reports the following anomaly: This was of a child born to Mr. S. in this city. It was a footling case, and every thing passed off reasonably well—at all events with the mother, who convalesced rapidly, every thing considered. But what I wish to speak of particularly is the child. I would state here, for the benefit particularly of new beginners, that I make it a rule to visit my patients once every day and sometimes oftener, according to circumstances. Upon my visits I was particularly struck with the child's constant crying, until it became to me a cause for inquiry of the old nurse, who invariably answered that the child was all right, its bowels have moved, also urinated, etc. But as this almost incessant crying was annoying to the mother as well as to myself, I ventured to examine it for myself (for remember, brother doctors, that nurses consider themselves as good physicians as we are ourselves). I found that the babe had not urinated; in fact could not, from the fact that the meatus urinarious was completely closed, and the poor baby's scrotum and abdomen were almost black from the over-distended bladder by the large amount of urine secreted in four days. Upon finding this condition I had nursy to look. She knew the child had made plenty of water, etc. I took out my bistoury and incised the membranes closing up the meatus when I expected an immediate flow of urine; but not so. I then introduced a very fine French catheter, but still no flow. Then, as my last resort, I put the babe into very warm water, when I was pleased to see the urine flow freely, and as a consequence the child at once stopped crying. I would say that had I—as I have done many hundreds of times—washed and dressed the child myself, I would have discovered the defect at first.—*Med. World*, June.

New-Born Child.—Dr. S. J. Bumstead says: We are too apt to forget that the infant just brought into the world, was but a moment before enjoying the equatorial climate of 98½° F., or 38° C., and that the one with which it is ushered is oftener 65° F. than else. Under these circumstances a sudden change of 33½° of temperature takes place in its surrounding medium, and could these poor "little men and women" reason at this time, they would undoubtedly agree with the sentiment that "this is a cold, cold world." What should a consideration of such plain facts teach us? Plainly it seems to me that we should wrap up the child very warm, and allow it to remain unexposed to the free atmosphere of the room until several hours have elapsed, in order to give its organism time to adapt itself to the extreme change in its environment, and thereby avoid many troubles which arise in consequence of this terrible first ordeal, through which the new being has to pass. —*Med. and Surg. Rep.*, May 2d.

Cold as an Oxytoxic.—Dr. J. W. Trabert highly commends the application to the abdomen of cloths wrung from cold water—not necessarily ice-water—as a substitute for ergot, quinine, etc., to stimulate labor pains. They should be changed every five to ten minutes as required, and usually act very promptly, safely, and efficiently.

A free drink of cold water is used by some physicians for a similar purpose.—*Med. and Surg. Rep.*

Electricity in Obstetric Practice.—Barier, of Strassburg, thinks the constant

current more effectual in producing uterine contraction than the faradic, and finds the former very effectual in the induction of premature labor and in the treatment of cramp-like affections of the puerperal and non-pregnant uterus.—*Maryland Medical Jour.*

Boric Acid as a Preventive of Mammary Abscess.—Ressein (*Bull. gén. de thérap.*), in a thesis on the use of antiseptics during lactation, says that, if any excoriation is detected, however slight, it should be dressed at once with a solution of boric acid (1 to 30) applied on a compress, the latter being covered with rubber cloth to prevent evaporation. The breast is to be carefully supported by means of proper bandages. Boric acid is preferred to other antiseptics because of its having no odor and not being poisonous.—*N. Y. Med. Jour.*

Treatment to Prevent Secretion of Milk.—Dr. Tureaud, New Orleans, writes:

Permit me to give treatment to prevent secretion of milk:

1—Purge with sulphate of soda, Rochelle salt, or sedlitz powder.

2—Apply camphorated linseed oil to the breasts, and cover with thick cotton wadding.

3—A five-ounce mixture with seventy-five grains of iodide of potassium, a large tablespoonful to be given night and morning.

This, from a well-known physician of Paris, has often been of good use to me.—*Med. World*, June.

Treatment of Habitual Abortion.—A writer in a Russian medical journal advocates the use of iodide of potassium in habitual abortion, even when there is no evidence to be obtained of a syphilitic taint. He mentions two cases in which he gave it successfully in five-grain doses three times a day, the movements of the fœtus and the sounds of the fœtal heart, which were very weak, becoming more distinct under its use, but decreasing again whenever the iodide was intermitted.—*London Med. Times*, June 13th.

Nitrous Oxide.—Mr. Braine says: "Pregnant women, even as far advanced as eight months, take nitrous oxide well. I may here mention the case of two patients, who were suckling, and in whom the shock from the extraction of a tooth, without the gas, stopped the secretion of milk; subsequently, having to undergo a similar operation, under like circumstances, they determined to take the gas, and in neither instance did any derangement of the function of lactation occur. Great age is no bar to the administration of nitrous oxide; my oldest patient, a lady, having reached the age of ninety-four."—*British Medical Jour.*, June.

Cocaine for Sore Nipples.—The latest application of cocaine is for tender and excoriated nipples. A five-per-cent. solution brushed over the nipple makes nursing possible and painless.—(Dr. Andhoni, *Thérapeutique Contemporaine*)—*Med. Times*, June.

Ointment for Sore Nipples.—Groussin (*Lyon méd.*) recommends for application to sore nipples in nursing women an ointment composed of equal parts of white sugar, oxide of zinc, gum arabic, and glycerine.—*N. Y. Med. Jour.*, June 20th.

GYNECIC.

Pruritus Pudendi, Due to Vascular Tumor of the Urethra.—H. Marshall Fenwick, M. B., L. R. C. P., M. R. C. S. Eng., of Carlton, Melbourne, contributes the following: Mrs. W., aged forty-two, consulted me for excessive itching and burning pain in the "foreparts," occurring at intervals during past two years.

The usual causes of pruritus—leucorrhœa, uterine cancerous discharge, diabetes, hydrorrhœa, uterine displacements, ovarian disease, tea, morphia, alcoholic tippling, and pediculi or ascarides—being eliminated, I detected a urinous odor about the patient, and she acknowledged being troubled with frequent calls to micturate, scalding pain during the act, and dribbling away of urine if the first desire to empty the bladder were not immediately gratified. Upon examination, I discovered a small, sessile, vascular growth, about the size of a hazel-nut, surrounding the lower segments of the meatus urinarius, and extending along the floor of the urethra for a short distance. The little tumor was exceedingly sensitive to the touch, and bled freely on the slightest manipulation.

There was considerable thickening of the whole urethra, which could be easily traced as a firm cord, tender on pressure, running beneath the symphisis pubis. The long-

standing congestion of the whole urethra, often concomitant with vascular caruncle of the urethra, had evidently been followed here, as elsewhere, by hypertrophy of the cellular tissue of the urethra. There was a free ichorous discharge from the excrescence, and there could be little doubt that this acrid matter, mingled with urine, was the cause of the pruritus. The labia were hypertrophied, dark colored, and rigid, evidently the objective consequences of frequent intense scratching and rubbing. They were considerably excoriated near their mucous surfaces, and more externally were covered with eczematous patches, which extended half way up the fold of the groin on either side. The eczema did not appear until some time after the itching began to be complained of, and was also evidently the result of the scratching.

Treatment.—The patient having been anæsthetized, the thighs were flexed and the knees separated as widely as possible. The labia being now separated, I dissected out that part of the excrescence which affected the urethral lips, cutting well beyond the base of the growth. I was then enabled to dilate the urethra sufficiently, with a pair of dressing forceps, to remove that portion of the growth which encroached on the urethral canal. The raw surfaces were then lightly touched with Paquelin's cautery, partly with the object of arresting the hemorrhage, which was rather copious, and partly with the object of obviating the return of the growth. The tissues of the posterior urethral wall were so vascular and hypertrophied, that I deemed it necessary to destroy the deep tissues below, so as to cut off the supply of blood to the surface of the urethra. This was done by passing the incandescent needle deeply beneath and parallel with the urethra, but without interfering with its mucous membrane. A soft catheter was then passed into the bladder, and was left in for a week. After this period, it was passed at intervals, for a short time, to obviate undue contraction of the urethra. A liniment of chloroform and almond oil, 40 minims ad ℥ i., was ordered to allay the sense of itching and burning. This it did effectually. After the removal of the catheter, there was incontinence of the urine for several days; but the power of retention gradually returned, and was complete three weeks after the operation. Shortly after this time too, the pruritus and eczema had completely disappeared. Six months afterwards the patient called to see me. There were then no signs of return of the growth, and the itching had never been complained of again.—*Australasian Med. Gaz.*

Double Ovariotomy in Acute Peritonitis.—Dr. Justus Ohage, of St. Paul, Minn., reports a case of this kind in which he operated successfully. He says, with regard to laparotomy in septic peritonitis: "Nussbaum, of Munich, a few years ago, was the first to propose laparotomy and disinfection of the peritoneal cavity as a cure for the otherwise always fatal septic form of peritonitis. A few courageous surgeons followed his teaching, and Czerny, Nussbaum himself, and Schede, I think, did so successfully. One of the boldest and most successful steps in this direction was taken by Bull, of New York, who, on thorough and scientific reasoning, opened the abdomen, sutured the bowels—perforated by a bullet at five different places—disinfected the peritoneal cavity, and saved his patient from an inevitable death. Kocher, of Berne, successfully treated a shot-wound of the stomach by a similar operation, while Kinloch and Lloyd were unsuccessful. Now, if these few cases do not prove that septic peritonitis can be cured by laparotomy and disinfection, they at least prove that some otherwise hopeless cases are saved thereby, and this alone is sufficient cause to resort to it under similar circumstances; but resort to it early, and do not wait, as is often done in tracheotomy—*i. e.*, until it is too late."—*N. Y. Med. Record*, June 13th.

Palliative Treatment of Cancer of the Uterus.—Dr. J. E. Burton thinks we are too apt to be discouraged when treating this disease, and to do nothing when the disease is in an advanced stage. Four measures can always be taken with more or less success:

1. We can attempt to bring about a more healthy action in the parts.
2. We can relieve pain.
3. We can moderate discharges, especially those of blood.
4. We can remove the fetor of the discharges.

He suggests that the progress of a neoplasm can be checked, at least for a time, by exciting an inflammation which shall affect its immediate surroundings. Such a

cordon of inflammation might be excited by the action of iodine or iodized phenol. He quotes Duploney for considering that concentrated acetic acid is the most satisfactory for such a purpose. Gallard is much in favor of the actual cautery, which he thinks might be used freely as often as once in three weeks. Of other caustic agents, nitric acid, acid nitrate of mercury, bromine, sulphuric acid, bichromate of potassium, and resorcin have been used by the author, and are all of benefit in certain cases. Before caustics are applied to an exuberantly granulating surface, the granulations should be scraped away as thoroughly as possible.

For the relief of pain nothing better than opium, in some form, by the rectum, can be given.

To diminish the vaginal discharge any reliable astringent injection may be given. Subcutaneous injections of ergotin will have a good effect in controlling hemorrhage.

The fetor, which is so offensive, can be controlled by vaginal suppositories of iodoform used night and morning. The author has also found that Chian turpentine lessens the quantity of the discharges and the tendency to hemorrhage—hence it is not valueless. He thinks a spare diet is to be preferred when it is possible.—*British Med. Jour.*, June.

Treatment of Gonorrhœa in the Female.—Gonorrhœa in the female, when uncomplicated, is much easier to treat than in the male. The same restrictions as to diet, etc., and the necessity for rest applies equally in both sexes. But the urino-genital remedies—as cubebs, copaibæ, etc.—used in the male are inapplicable in the female, as the seat of the disease in the male is the urethra, and in the female the vagina. The urine in the female might be strongly impregnated with copaibæ, yet it would do no good, because it would not reach the seat of disease.

Cleanliness and rest are the two all-important factors. The first may be attained by *frequent* and *copious* injections of warm water. Care must be taken to distend the folds of the vagina. The best way to do this is to have the injection made while in the recumbent position; but as it is difficult to get patients to do this, we have often succeeded well by telling them to close the vagina about the instrument by pressing the labia together with the left hand, then by injecting "balloon" the vagina, as it were, then allow the water to come out with a gush. By doing this repeatedly the folds are all cleaned of pus and mucus, and this alone is sufficient to cure in the majority of cases. In the declining stage, the cure is hastened by the addition of astringents, as sulphate of zinc, hydrastis, etc. Permanganate of potassa is also useful; but medicine must not be chiefly depended on; cleanliness, obtained by frequent and copious injections, and rest in the horizontal position are the chief requisites.—*Med. World*, June.

Reflex Paralysis of Uterine Origin.—Dr. Gomez Torrez relates the case of a woman who had suffered for several months from progressive paralysis and atrophy of the upper extremities. Various plans of treatment had been proposed and tried without success. The woman was found to have a parenchymatous metritis with ulceration of the cervix. Treatment was then directed to this condition, and was speedily followed by a return of the power of motion and a disappearance of the muscular atrophy.—(*Annales de la Société de Médecine de Gand*)—*N. Y. Med. Record*, June 20th.

Colo-Utero-Vaginal Fistula.—Dr. Bidder (Berlin 14th Surg. Cong.) reported a case of colo-utero-vaginal fistula. The patient, a young woman, æt. twenty-two, had borne her first child without artificial aid. Rupture of the uterus took place with enclosure of a piece of intestine. The intestine became necrosed, resulting in a prænatural anus. Fæces and flatus passed through the uterus and vagina, and the finger on exploring passed directly into the descending colon. After several attempts the fæcal fistula was closed successfully.—*London Med. Press*, May 27th.

Serrated Scissors for Repairing the Cervix Uteri.—Dr. T. A. Emmet showed the N. Y. Obst. Soc. a pair of scissors, presented to him by Dr. Protheroe Smith, of London, one blade of which was serrated to prevent slipping from the dense tissue of the cervix. In reply to a remark by Dr. Chamberlain, he said the scissors presented to the society by Dr. Dawson had, he believed, only one fang at the end of each blade, whereas these, being serrated the entire length of the blade, would pre-

vent slipping before the point had yet grasped the cicatricial tissue.—*N. Y. Med. Jour.*, June 27th.

Perineorraphy.—Koeberle advocates, in the restoration of a completely ruptured perineum, the division of the sphincter ani posteriorly, the incision extending beyond the circular fibres, and involving the connective tissue behind the rectum. There is thus made a large funnel-shaped opening through which fæcal matter can pass until the recto-vaginal wall cicatrizes.—*Med. News.*

Boroglyceride. — Gynecologists will find this agent of much value in metritis, endo-metritis, vaginitis, leucorrhœa, etc. Boroglyceride, with carbolic acid, will render valuable service, and frequently accomplish the desired result with greater rapidity than the ordinary agents. A tampon can be left in the vagina, "first being moistened with boroglyceride," for six or eight days without becoming offensive.—*Phila. Med. Times*, June 6th.

PEDIATRIC.

Ulceration of the Bowels in Young Infants.—Dr. F. P. Atkinson writes: It cannot, I think, be questioned that speedier and more accurate information as regards the effect of remedies may often be gained from the study of chronic than acute disease, inasmuch as the same symptoms are apt to recur again and again, and the same remedies can be put to oft-repeated tests. The following case, which I have ventured to report, has given me an amount of information it might otherwise have taken years to obtain, and possibly it may prove of service to others who have cases of a like nature under their care. According to the mother's statement, the child in question had been given up by more than one physician, and I must say myself it was one of the worst cases I have ever seen recover. At the time the little one came under my charge she was two years and eight months old. She was a perfect skeleton, and quite unable to sit up in the nurse's arms. She had a sallow, waxy appearance, without a particle of color about her face except a slight hectic flush upon her cheeks. She was sick whenever she took food, which consisted entirely of milk and lime-water. The bowels were moved about every four hours, and the smell was perfectly unbearable. The stools consisted almost entirely of slime and pus, streaked with blood, and adhering to the bottom of the chamber vessel even when it was held upside down. The stomach was slightly distended and tender. The previous history was as follows:

She was always rather sick from birth, but was worse after she was one year old. Had an attack of diarrhœa at eight months, and the urine was discolored (so the nurse says) with blood. She has always been troubled with diarrhœa on and off since. The stools were at first very large in quantity, and semi-solid but not slimy. When the diarrhœa was at its worst, the actions occurred about every two hours, but the usual number of times was about once every four hours. The stomach was always more or less tender and distended. At twelve months old she had pains in the joints, and one knee had to be put up in a splint; both legs were much swollen. The father had had syphilis before his marriage, but was said to be perfectly well when this took place. The child was nursed for about four months, but occasionally had a bottle of Swiss milk, then on account of sickness was fed entirely on Swiss milk and Savory and Moore's food for infants till twelve months old, then all kinds of milk were tried—goat's, ass's, etc., and subsequently farinaceous food with a little Brand's essence of beef. When I saw her she was taking cow's milk and lime-water, and this was in great measure brought up as soon as it was taken into the stomach.

The indications for treatment appeared to me to give a light and easily digestible food, moreover one which after digestion would leave as little waste material as possible; to soothe the irritation of the bowels; and to improve the condition of the blood. As a diet, therefore, I ordered two tablespoonfuls of whey, two tablespoonfuls of barley-water, and one tablespoonful of cream to be taken at each feeding, and in the course of twenty-four hours I found she managed to dispose of half a pint of barley-water, half a pint of whey, a quarter of a pint of cream, together with, later on, one and a half ounces of milk. She also took in the twenty-four hours the white of four eggs beaten up in water, four teaspoonfuls of Brand's liquid essence of beef, and two ounces of finely-minced raw meat. I ordered the body to be thoroughly oiled

night and morning, the loins and stomach to be kept warm with a flannel bandage, and the feet to be well wrapped up. In order to alter the character and frequency of the secretions, I gave three times daily a mixture consisting of the following: one minim of solution of potash, eight minims of castor oil, three quarters of a minim of tincture of opium, twenty minims of syrup of ginger, and half a drachm of mucilage. Then when the pus and slime began to pass away and the bowels appeared simply relaxed, I gave two grains of bicarbonate of soda, three grains of subcarbonate of bismuth, half a minim of tincture of opium, five minims of tincture of catechu, two minims of tincture of rhubarb, five minims of compound tincture of cardamoms with a little syrup and mucilage every few hours. Next, in order to improve the condition of the blood, as soon as the secretions began to improve I ordered ten minims of the concentrated syrup of the lactophosphates of lime and iron to be given in water three times daily.

The child was ordered from the start to get plenty of fresh air provided it was dry, and the rooms in which the child lived and slept were requested to be kept quite dry, and at the same time thoroughly clean and ventilated. In the course of about one and a half years the child under this treatment made a good recovery, and was able to run about by herself and eat the same as any other child. The vomiting ceased almost entirely from the time that the milk was given up. Whenever the secretions became purulent and slimy the castor oil and laudanum mixture was resorted to, and the carminative and astringent one when the bowels were simply a little relaxed. The castor oil and laudanum was successful in altering the character of the secretions not simply once or twice, but on several occasions, and I have applied it since in other cases with uniform success. As regards the lactophosphates, I cannot speak too highly of them in aiding the subsequent recovery. —*London Practitioner.*

Butter-Milk for Children.—Dr. R. J. Peare speaks favorably of butter-milk in the treatment of irritable stomach in children. In four cases of persistent vomiting it was tried with success. It has not the tendency to coagulate in the stomach as does new milk. He suggests that this property would seem to make it an eminently appropriate agent in the treatment of "summer complaint" of children.—*Therap. Gaz.*

Indigestion in Teething Children.—Keating recommends the following treatment of acute gastro-intestinal indigestion in teething children:

℞ Hydrarg. chlor. mit. . . . . gr. i.
Pulv. ipecac. . . . . gr. ss.
Sodæ bicarb. . . . . gr. viij.
Sacch. lact. . . . . gr ix.
M. Ft. chart. iv.

This is to be followed by a dose of castor oil, and then the child should be placed on a careful diet for a day or two, and given the wine of pepsin in half-teaspoonful doses, or the elix. cinchona cal.—*Archives of Pediatrics.*

Dyspepsia in a Child.—A child five years old was shown to the class, by Prof. Bartholow, who had *dyspepsia*, with morning nausea and vomiting. It was given liq. potassii arsenitis, gtt. j., in water, ter die, after meals.—*Col. and Clin. Record*, June.

SURGICAL.

Subperiosteal Amputation. — A paper by Dr. Nicaise, read at the International Medical Congress in Copenhagen, is published in the *Revue de chirurgie.* In 1859, M. Ollier first demonstrated the utility, in amputating, of preserving periosteum, in order to close the medullary canal, and to favor union by primary intention. At this period, however, the suppuration that almost constantly attended the healing of stumps rendered attempts to preserve this membrane quite useless, and so for a time they were abandoned. Since the introduction into surgery of Lister's antiseptic method, further trials have been made under the improved conditions, and the practice has been advocated by Esmarch Volkmann, Maas, Trélat, and others. Since 1881, Dr. Nicaise has in amputating always preserved a portion of periosteum beyond the end of the bone. As this membrane retracts very much when detached from its bone, it is thought always necessary to take up a long "cuff," the length of which should be about equal to the diameter of the bone at the point of section. Esmarch and Maas bring together the free edges of the process of peritoneum by a suture of prepared catgut; Nicaise does not apply a suture, but allows

the long cuff to form over the end of the bone a kind of hood. It has been proved by experiments on animals that a flap or loose process of periosteum rapidly closes the open end of the medullary cavity, and that on the inner surface of this occluding membrane a thin layer of osseous tissue is formed. M. Nicaise alludes to a case of amputation of the thigh for chronic disease of the knee in a tuberculous man, aged forty-two. After death, which occurred twenty-nine days later, when the stump had almost entirely healed, the lower extremity of the divided femur was found completely closed by a septum of thickened and granular periosteum, above which was a layer of newly-formed bone-tissue, about one fifth of an inch in thickness. It has been shown by Le Fort and Trélat that a minute flap of muscular tissue brought over the end of a divided long bone will concontract adhesions, close the medullary cavity, and even form a thin layer of osseous tissue. M. Nicaise, however, holds that, when a flap of periosteum is applied, the end of the bone is in immediate relation with a membrane that physiologically is best adapted to the purposes of protecting and forming osseous tissue. It has been objected to the preservation of periosteum in amputation, that this practice favors the formation of irregularly shaped osteophytic growths. Such growths, however, according to the author, are formed only after suppuration in the stump, or ostitis at the extremity of the bone.—*London Med. Record*, April.

Operation for the Cure of Abdominal Aneurism.—We have received from Professor Loreta, of Bologna, an account of the death of the patient operated on by him for aneurism of the abdominal aorta, and whose case was detailed in this *Journal* for April 11th, page 745. The man died ninety-two days after the operation—that is, about three weeks after Professor Loreta's account of the case was published. His death was quite sudden, for he had been in excellent health for several weeks, and the tumor had become almost imperceptible to the touch. The cause of death was rupture of the aorta, just at the angle of junction between the artery and the front wall of the tumor. The aneurismal sac had shrunk to the size of a walnut, and was completely filled with coagula of organized fibrine. The copper-wire was found unaltered, and rolled up into a globular mass in the sac itself. Professor Loreta suggests that the compression and other changes produced in the artery by the coagula in the sac, may have caused a failure in the blood-supply to the portion of the arterial wall immediately below the tumor, and may thus have induced the rupture of a portion of the artery, which was, no doubt, already diseased.—*British Med. Jour.*, May 9th.

MISCELLANEA.

Glycerin.—Of the thousand and one uses to which we put this article of materia medica, the following may be of special interest because of the simple and harmless nature of this substance: In one-drachm doses it acts as a safe emetic for infants and young children, and in combination with syrup of rhubarb prevents the astringent after-effect of this usual remedy. A small quantity vaporized alleviates in a great measure distressing coughs when the vapors are inhaled. In combination with a little tincture of iodine and iodide of potassium it has been prescribed with marked benefit in phthisical complaints. When ferric-chloride astringent compounds of iron are administered for a long time, the glycerin prevents the iron exerting its powerful astringent action to a great extent; it should, however, be borne in mind that after a time reduction from the ferric to the ferrous state takes place, as was shown about three years ago in a paper read before the Pharmaceutical Conference, by Mr. Schacht, of Clifton. In combination with rum and a little flavoring agent, it has been used in place of cod-liver oil. With chloral hydrate, camphor, alcohol, and oil of juniper, as a liniment, it has been used for rheumatism, for which it is well adapted, giving temporary if not permanent relief to that kind of rheumatism which can be reached by external application. Glycerin is said not to be absorbed by the skin, and is, therefore, recommended as a basis for such powerful medicaments as mercuric chloride, for the treatment of such skin diseases as scabies, etc. One and a half drachms of this chemical, dissolved in 3 f. oz. of glycerin, is recommended as a useful application for scabies. Equal parts of glycerin and castor oil, when blended well together, form an opaque, emulsion-like

mixture, which acts as a mild and effectual aperient in one-drachm doses. The efficacy of the castor oil is increased and its disagreeableness masked in no small degree. A mixture of extract cascara sagrada, tincture of belladonna, tincture of nux vomica, and glycerin, in suitable proportions, forms an admirable combination as a gentle tonic laxative. Glycerin is a powerful solvent, and is capable of taking up one sixth its weight of alum, which combination has been so recently recommended in the journals as a concentrated astringent solution to be kept at hand.—*Birmingham Med. Review.*

Importance of a Proper Diet in Summer-Complaint.—In the summer diarrhœa of infants sometimes no good result can be obtained from the treatment until the diet is changed. In such cases, Mellin's Food, which is used and recommended by some of the best authorities on diseases of children, will be found to be nourishing, unirritating, and very acceptable to children.—*Phila. Med. Times.*

Listerine as a Detergent.—Listerine may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores or a fungous condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations,—a few drops of Listerine in water swallowed is a particularly grateful and excellent remedy.—*Sanitarian.*

Mistura Guaiaci et Stillingiæ Comp.—This formula is a powerful alterative anodyne, and is recommended by Griffith & Co., N. Y. City, in cases of rheumatism, gout, and lumbago, as well also in various neuralgias. If you have an obstinate case of either, this mixture may be just what the case needs.

Bromides. — The Peacock Chemical Co., St. Louis, evidently have a corner on bromides, judging from the great variety they prepare and the purity thereof. The attention of epileptics and others who are often reminded that they have a nervous system, is invited.

Uterine Supporter.—J. W. Dawson, of Chicago, is out with a new external adjustible uterine supporter, the description of which reads well. The instrument raises the prolapsed organ up into place upon the simple principle that elevates the pants by buckling up the suspenders. We use this comparison for its simplicity, and recommend a perusal of Dr. Dawson's pamphlet.

The Smith and Shaw Closed-Cell Batteries. — These celebrated batteries continue to maintain superiority. Now that electricity is recognized to be an important therapeutic agent, a physician is not fully equipped to manage a large practice without understanding the use of this potent remedy.

Jensen's Pepsin.—Numerous imitations of Jensen's pepsin have recently been placed on the market. Although the fact of imitations being made is always a testimonial to the worth of a really meritorious article, yet the original preparation usually suffers from the use of the imitations because of their inferiority.—*Med. Bulletin.*

Thermometers. — With the mercury up to 99° in the shade in New York City, at this writing, it appears that the "Barry Clinical" is the best instrument to cope with the situation. It is graduated for warm receptions, and has many advantages, as set forth in pamphlet.

Climax Dilator. — Molesworth's is a beautiful little instrument for dilating the os and cervix uteri, urethra, cervix cystici, strictures of the æsophagus, vagina, anus, etc. This instrument completely supersedes all such appliances as sponge tents, Barnes' dilators, etc. The dilating attachment is a short cigar-shaped rubber tube, which is filled with water by an ingenious hydraulic pump, so arranged that it may be worked by a screw, and the dilator filled very slowly, or at once, as the operator desires. The instrument must be seen to be appreciated.—*Chicago Med. Times.*

Operating Chair for Physicians.—The manufacturer of the Wilson chair, Mr. M. Klein, Chicago, desires physicians to send for his illustrated circular.

Artificial Limbs. — The opinion of Prof. Sayre of N. Y. City on the practical and relative value of artificial limbs has deservedly very great weight with the profession.

A. A. Marks publishes the strongest kind of testimonial from Prof. Sayre, regarding the Marks' patent, lauding its superiority over other artificial limbs. *Pamphlet free.*

Malt Whiskey.—The Duffy article, of Baltimore, is certified to by a long array of testimonials from physicians, as a pure, unadulterated whiskey for medical purposes, and is given the preference in cases where a stimulant is required, especially in the hypodermic form.

Vin Mariani.—We associate with Drs. Fauvel, Gazeau, Rabuteau, and Cintrat, in declaring, after many clinical observations, the "Mariana Wine of Coca," "Elixir" (or "Cordial"), specially efficacious in granulous pharyngitis, tonsillary angina, albuminuria, and diabetes; and that their stimulating properties on the nervous cerebro-spinal system cannot be ignored. As to their action upon the larynx, we will terminate this article with a phrase of Dr. Charles Fauvel: "Coca is the tensor, *par excellence*, of the vocal cords."—D. P. Collin—*Union médicale.*

Crosby's Vitalized Phosphites.—The brain and nerve food, composed of the nerve-giving principles of the ox brain and the germ of the wheat and oat.

For fourteen years this has been a standard remedy with all physicians treating mental or nervous disorders. By its vitalizing effect on the blood it develops sound teeth, glossy hair, clear skin, handsome nails on the young, which continue as an inheritance. It recommends itself especially to the enciente.

Nestlé's Milk Food. — This is the season of the year when this unquestioned complete substitute for mother's milk is appreciated. No cow's milk is required to be added. This is claimed to be a complete, ample, and wholesome nourishment for the youngest or most delicate child. *Pamphlet sent free.*

Syr. Hypophos. Co., Fellows'.—In taking medicine, it is a common belief that if a small dose be beneficial, a larger one would be more so; therefore, when the prescribed dose is a teaspoonful, a tablespoonful is taken.

Those who earnestly desire to be benefitted by Fellows' Compound Syrup of Hypophosphites must not thus tamper with the scale of doses.

To secure the best results, always dilute the syrup with a wineglassful of water to each teaspoonful.

TONIC.—One teaspoonful at each meal, in a wineglassful of water.

STIMULANT AND TONIC.—Two teaspoonfuls at meal-times, in two wineglassfuls of water. *Circular free.*

Novelty Air-Pump for Atomizing.—This is a very important instrument for saturating the air of the sick-room with medicated sprays, and disinfecting operating-rooms, or carrying out "Listerism."

Send to Chas. Beseler, N. Y. City, for descriptive circular.

Invalids' Wheel- and Rocking-Chairs.—The New Haven, Conn., Company appear to have a veritable Sleepy-Hollow lounge on wheels, just the thing for out-door exercise by such as seek locomotion at the smallest outlay of muscle.

Pill. Petrolei Comp.—Carey's formula comprises: Crude petroleum, N. C. tar, āā ℥j.; phosph. ferri, gr. ½; ext. nux vom., gr. ⅛; with antacids and carminatives, q. s. M.

Recommended for throat and lungs.

Neurometer. — This novelty is described by Chisholm & Co., New Concord, Ohio, in a circular. Send for it. Free.

Coca Calisaya Ferro-Phos. — A splendid tonic, prepared by Cassebeer, 292 Sixth Avenue, N. Y. City.

Each tablespoonful contains one grain of the hypophosphites with iron.

"Pallas" Syringe—Vaginal and Rectal.—This is a novelty which it seems only necessary to see in order to appreciate. Jensen & Co., Phila., will send an illustrated circular.

Rio Chemical Co.—This firm manufactures Celerina, Aletris Cordial, the Acid Mannate, and Pinus Canadensis, all of which preparations are highly spoken of by physicians in St. Louis and elsewhere.

Peptonized Cod-Liver Oil and Milk.—This is so palatable that children and ladies take it as readily as cream. The digested milk entirely disguises the oil. The only action of the gastric juice upon plain oil is to dissolve the tissue covering the oil globule, and thus to free it for digestion or emulsion in the duodenum. Nothing but *pancreatine*, nature's secretion, can emulsify or digest an oil. Reed & Carnrick have anticipated nature by their laboratory process in the manufacture of Peptonized Cod-Liver Oil and Milk, which is ready for immediate assimilation when taken.—*Albany Annals.*

Kidney Diseases.—Waukesha Glenn Water, in Wisconsin, is now recommended as a superior natural mineral water for diabetes.

The proprietor of the resort at this Western watering-place will give full details by writing.

Adjustable Chairs.—Before purchasing, the Stevens' Adjustable Chair Co., Pittsburgh, Pa., desire you to send for their illustrated catalogue. Free.

Lacto-peptine.—The great popularity of this preparation has induced some unscrupulous bungler to attempt to "burgle" the genuine by palming off a spurious and offensively partisan article, but the N. Y. Pharmacal Association are wide awake.

Luminous Signs.—Now is the time when the city physician ordereth a sign of Morgan, at Keyport, N. J., and upon receipt thereof hieth to the country to disport the same and astonish the Plebs. The advantages of the "Luminous Signs" are sufficient to warrant you in investing a postal card of inquiry.

European Natural Mineral Waters.—Messrs. Scherer & Co., N. Y. City, announce that they have the largest assortment of mineral waters in the world. We had no idea there were half so many springs on earth as their list enumerates.

Osseous Diseases.—The compounds of Cod-Liver Oil with Hypophosphites of Lime and Soda, prepared by Scott & Bowen, N. Y. City, are said to be in greater demand in the hospitals, for the treatment of fractures and orthopædic conditions, than any other single preparation.

Phospho-peptine.—This is something new, being a combination of the phosphates of the cereals, with pepsine and pancreatine, forming, it is claimed, one of the most valuable nutrients ever offered to the medical profession.

C. A. Higgins, Flemington, N. J., will send sample and circular.

Malto-pepsine.—Tilden & Co., New Lebanon, N. Y., publish the formula for this evidently valuable compound.

They consider it superior to all other remedies for dyspepsia and kindred diseases, and if we are to judge from the vast business they are doing in supplying it, the profession and themselves are in thorough accord.

They have an office in this city.

Physicians' Road Cart.—Human ingenuity has been taxed to perfect a vehicle combining style, lightness, strength, and ease to both passenger and horse.

W. R. Church. Yorkville, Ill., claims to have arrived at this acme, and offers the proof in a thirty-two-page illustrated pamphlet, free.

Mineral Earth.—The National Pharmacy Association, Baltimore, recommend this preparation as a superior surgical dressing, and claim to have many letters from physicians endorsing the same in a variety of cases.

They offer a sample, and pamphlet giving full directions for use, together with testimonials which appear to be conclusive in favor of *their mineral earth dressing.*

Pocket Battery.—This is a very handy little machine for the general practitioner.

It is made by the Electro-Medical Battery Co., Kalamazoo, Mich.

Office Cabinet Battery. — This is made by Waite & Bartlett, and combines all modern improvements, and is thought by many to be the best in the city of New York.

Beef Peptonoids.—The enterprising firm of Reed & Carnrick have brought forward many preparations which have been of great use in the treatment of disease. They have recently introduced two new preparations which, in our opinion, quite surpass any of their previous efforts—one, the emulsion of cod-liver oil with milk and pepsin, we have already spoken of; the second is the new form of beef peptonoids —a combination of concentrated beef, milk, and the gluten of wheat. When taken with milk it is a very pleasant form of food, and it certainly does help the digestion of the milk. The writer has given this combination with the very best results to patients who previously could not take milk on account of the indigestion which it produced. We can heartily recommend this preparation.—*Canadian Practitioner.*

Hungarian Wines.—L. Reich, of this city, does not place his wines on sale with druggists or dealers, but imports them himself and supplies the profession, who are thereby guaranteed pure articles.

Reverse Corsets are especially adapted to females troubled by uterine derangements.

Send to White, Williams, & Co., Boston, for their treatise on this subject.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE
EDITED BY
WALTER S. WELLS, M.D.

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ZYMOTIC.

Etiology of Cholera. — Both Koch and Klein have come decidedly to the conclusion that, whatever the cause of cholera may be, neither the blood nor any other tissue contains comma bacilli or any other micro-organisms of known character. We may thus set aside at once the question of how far the symptoms of cholera are due to the presence of organisms in the blood, and consider the other possible causes of the disease. These are two. *First.*—We may regard cholera as a local disease, due to changes in the alimentary canal, and affecting the general system only in so far as reflex influences conveyed by the intestinal nerves will affect the circulation and respiration, and as the withdrawal of water from the blood by the copious discharges into the bowel will affect the circulation and modify tissue-changes generally. *Second.*—We may regard cholera as both a local and a general disease, and suppose that in addition to the local alteration in the intestinal canal already mentioned, there is a condition of poisoning throughout the whole organism due to a chemical substance produced in the intestines, absorbed from them into the blood, and carried throughout the body by the circulation. Perhaps this distinction may be rendered clearer by an illustration. Suppose a man to eat a half-ripe apple, the irritation produced by the indigestible material in the alimentary canal may produce vomiting and purging. The irritation may, reflexly, through the nervous system, cause rapid respiration, a weak pulse, and a pale skin. But no poison has been absorbed into the blood; the symptoms are all due to the local action of the indigestible material upon the intestine, and we cannot separate from the apple any poison which, when injected into the circulation in small quantities, will produce similar symptoms. Let us suppose, however, that a man eats poisonous mushrooms. Then we have vomiting, purging, paleness of the face, and general depression, just as in the former case; but in addition to this we have a thready pulse, extremely rapid respiration, a somewhat cyanotic condition, and probably death, these further symptoms being due to the absorption of a chemical poison, muscarine, from the intestines into the circulation, where it acts upon the nervous system and heart. Which of these two kinds of poisoning does cholera most resemble? There can be little hesitation in answering that it resembles poisoning by mushrooms rather than by green apples, for the disease is not only extremely and rapidly fatal—much more so than other kinds of local intestinal disease,—but we find that the local changes in the intestine are not at all in proportion to the severity of the attack. In some of the most rapidly fatal cases the changes in the intestinal canal are very slight indeed, whereas in others, which have been less severe and less rapidly fatal, the intestinal lesions are very well marked. All the evidence that we have before us goes to show that the symptoms of cholera are produced by a chemical poison, which, in Koch's opinion, is formed in the intestines under the influence of the comma bacillus.—(T. Lauder Brunton and P. H. Pye-Smith) *London Practitioner*, June.

Epidemic and Sporadic Cholera.—Dr. Alexander Harkin, who can lay claim to having witnessed every epidemic of cholera that has taken place in Belfast, in a paper read before the Ulster Medical Society, after discussing the modern views with regard to the bacillary origin of the disease, proceeds to consider the influence of the part played by the nervous system. The

vomiting and purging are apparently due to an abnormal or excited condition of the nervous supply to the stomach and bowels; the choleraic voice, the vertigo, the spasms and cramps, and the tremors all own the same cause; the symptoms of collapse in the algid stage are due to the irritation and hypertrophy of the sympathetic system; whilst the depression of the functions of circulation and respiration point to affection of the vaso-motor system. The treatment should be directed to exerting some control over the sympathetic nervous system. For the general treatment rest in bed between blankets is essential; turpentine and mustard stupes may be applied to the abdomen; beef-tea, milk and whey, and iced water ad libitum may be given. Dilute sulphuric acid with opium has proved as beneficial as any other internal remedy, but Dr. Harkin lays no stress on internal medication at all, and urges the application of some blistering fluid behind the ear, extending along the course of the pneumogastric nerve, as far as the angle of the jaw. As a rule he only applies it on the right side, but if necessary it also may be applied to the left side. The reason for choosing the right side is that the right pneumogastric nerve is distributed to the whole of the small intestines. He has tried this remedy in all stages of cholera and recommends it for all. It has appeared to him to control and almost paralyze the sympathetic in the stomach and intestines, and to stop at once the inordinate secretions due to its agency. The violent contraction and palpitation of the heart are controlled, the dilating power of its walls and cavities, especially of the left side, is restored, and the congestion of the pulmonary and arterial systems is put an end to.—*Dublin Jour. of Med. Science*, June, 1885.

Cholera.—Prof. Bartholow says as the cholera discharges are distinctly alkaline the universal outward osmosis can only be checked by the administration of an acid. He recommends for the preliminary diarrhœa:

℞ Acidi sulphurici aromat. . . ℥ ss.
Tinct. opii deod. . . . . ℥ ss.
M. SIG.—Twenty drops in water every hour.

Or,

℞ Acidi sulphurici dilut. . . . ℥ ss.
Tinct. opii camph. . . . . ℥ iss.
M. SIG.—A teaspoonful well diluted every hour or two.

Mustard to the epigastrium or a fly blister will aid in the arrest of vomiting. Other remedies for the vomiting stage are carbolic acid, chlorodine, camphor, chloroform and the hyopdermatic administration of morphia and chloral. Both in this and in the algid stage Prof. Bartholow has obtained the best results from the internal use of sulphuric acid, combined with the employment hypodermatically of morphia and atropia, followed by chloral. He considers chloral to be more efficient in the treatment of the later stages of cholera than any other single remedy. It frequently allays the vomiting and purging, relieves the cramps, and brings about reaction as if by magic. This result is obtained by its action upon the nervous system, where the poison of cholera seems to spend its force. In desperate cases Prof. Bartholow recommends the intravenous injection of salines.

After reaction has been secured the urinary secretion must be restored in order to avoid a fatal result from uræmia or cholera-typhoid.—*Med. Bulletin*, June.

Value of Ice in Congestive Chill.—No one, writes Dr. L. B. Anderson, doubts the value of ice, externally applied, in active congestion of the brain, various hemorrhagic states, and in local inflammations. But its value in congestive chill seems to have escaped the observation of the profession. A fully developed congestive chill is as insidious as it is alarming, and when improperly treated, fatal. The whole surface, with an occasional exception of the chest and epigastrium, is as cold as death, and bathed in a profuse perspiration. The pulse soon ceases to beat at the wrist, and the pulsations of the heart are frequent and feeble. The respiration is short and hurried, with an occasional sigh. Sometimes both the respiration and pulse are slow and feeble. The surface becomes mottled with the irregular accumulation of dark venous blood in the cuticular capillaries. The countenance is variable; sometimes it is calm and serene, the eye expressive of no emotion, and the patient sinks into the sleep of death, as if falling into a calm repose; at other times, great restlessness, anxiety, and suffering may exist. Often one who is reduced to the verge of dissolution and recovers, is perfectly oblivious of what happened during all this period of congestion, though he seemed to be perfectly conscious all the while. Accom-

panying the congestion there is, sometimes, a diarrhœa (always very unfavorable); at others, nausea; and occasionally, when the lungs are peculiarly implicated, pulmonary hemorrhage. Whatever agent may produce a chill—and there are hundreds which may under favorable atmospherical and hygienic influences—there is always a suspension of the functions of the organic nerve-centres, whereby secretion is suspended, the circulation is impeded, and there is an accumulation of an abnormal amount of blood in the vessels of the internal organs, and a diminution in those of the surface. The vital processes being suspended by a torpid condition of the nerve-centres which preside over these functions, the various constituents of the blood are massed in a heterogeneous conglomeration, and chemical forces come into vigorous exercise, generating every conceivable morbid product, from the simplest salt or acid to the most deadly ptomaine. In the meantime the evolution of heat from these rapid chemical changes increases the centripetal action, and hastens the march to a profound congestion. The use of stimulants, anodynes, or narcotics is calculated to increase the trouble and lessen the chances of recovery. Ice poured into the great central reservoir, the stomach, rapidly absorbs and renders latent the superfluous heat, gives tone to the exhausted nervous centres, sets free the pent-up nervous forces, puts in motion the torpid vessels, restores the vital forces, and thus equalizes the circulation.—*Therap. Gaz.*, June.

Intravenous Injections of Iodine in Infectious Diseases.—Dr. Van der Heyden recommends the treatment of infectious diseases by means of the intravenous injection of iodine. His formula is as follows: Iodine, one part; iodide of sodium, two parts; water, seven parts. The dose of this solution is two and a half drachms for each injection. In a case of typhoid fever an injection was followed by a rapid fall of the temperature, which did not again rise. In cholera he claimed to have obtained good results when the injections were practised early in the disease, but in the algid stage they were barren of results.—*Journal de Médecine de Paris.*—*N. Y. Med. Record*, July 18th.

Chromatic Diagnosis of Leprosy.—In the purchase of slaves in China, it is said, great care is taken to see that they are perfectly sound, and especially that they are free from the taint of leprosy. For this reason they are usually taken on trial for a month. In examining for leprosy the slave is taken into a dark room, and a blue flame is then passed before the face. If the skin assume a greenish hue, the master is satisfied, but if there be a red reflection from the face the presence of the dread disease is suspected and the slave is returned.—*N. Y. Med. Record*, July 4th.

Scarlet-Fever.—When lecturing upon *scarlet-fever*, Prof. Da Costa mentioned the following agents as being of use:

1. Carbolic acid, gtt. ½, a dose for child two years old. Give in mint water.
2. Ammonium carbonate, gr. ij., every two hours, to child ten years.
3. Potassium chlorate, 3 j.; in water, O j. Patient to drink this in twenty-four hours.
4. Salicylic acid when high temperature is present.
5. Small doses of chloral.

Always keep skin active, and if heart be weak, give digitalis; if arterial tension be high, give aconite.

When much exudation has occurred, he prescribed, for its solvent action:

℞ Ammonii carb. . . . . gr. x.
Liquor. ammon. acetat. . . f ʒ ss. M.
SIG.—Every four hours.

If there is much depression, prescribe, also, quinia and digitalis in combination.—*Col. and Clin. Record*, July.

Heat Fever.—We know of no better treatment for the simple fevers of childhood, due to heat, or fatigue, or excitement, than the administration of:

℞ Tinct. aconiti rad. . . . . ♏vj.
Aquæ . . . . . ʒ j.
M. Sig.—Two teaspoonfuls every hour.

Half an hour after the second dose has been taken give the following powder:

℞ Resinæ jalapæ . . . . . gr. iij.
Hydrarg. chlor. mit. . . . gr. ss.
Saccharæ albæ . . . . . gr. iij.
M. Ft. charta. SIG.—For one dose.

This will secure a free evacuation from the bowels in about three hours. If necessary, when the aconite mixture is done, give:

℞ Chlorali . . . . . gr. xii.
Elix. simp. . . . . ʒ ss.
M. SIG.—One teaspoonful every hour.

The child will generally fall asleep after the second dose, and awake several hours later completely relieved.—*Med. Bulletin*, July.

Hydrobromate of Quinine and Valerianate of Caffeine in the Treatment of Malarial Poisoning.—Cerededo (*Gazz. degli ospit.*) concludes from numerous experiments that the hydrobromate of quinine is preferable to the sulphate. By combining the two salts (fifteen grains of the hydrobromate and seven or eight grains of the valerianate) we may check certain quotidian forms which are rebellious to much larger doses of the sulphate. The action of this combination of the two drugs, given in comparatively small doses, administered in capsules, is more powerful than that of any other salt of quinine in much larger doses. Given in that way, half an hour before the paroxysm, it is capable of arresting the latter.—*N. Y. Med. Jour.*, July 18th.

Hydrobromate Quiniæ Hypodermic.—Prof. Bartholow recommends the following as a non-irritating preparation of *quinia for hypodermatic use:*

℞ Quininæ hydrobromat. . gr. xlviij.
Aquæ destillat. . . . . f ʒ ss. M.
Dissolve, and by heat if necessary.

SIG.—Twenty minims contain four grains.

—*Col. and Clin. Record*, July.

Catarrhal Fever.—Dr. J. A. Hubbard has treated a number of cases of catarrhal fever with:

℞ Tinct. aconiti rad. . . . . ♏vi.
Ext. jaborandi fl. . . . . ʒ ss.
Aquæ . . . . . ʒ vi.

M. SIG.—One teaspoonful every four hours.

All the cases, without exception, were free from fever within twenty-four hours, and required no further medication. — *Med. Age*, July.

Malarial Jaundice.—Prof. Bartholow gave, in a case of *catarrhal jaundice*, of malarial origin, quinine, grs. v. bis die, and:

℞ Sodii phosphat. . . . . ʒ j.
Sodii arsen. . . . . gr. $\frac{1}{10}$. M.

SIG.—Ter die.

—*Col. and Clin. Record*, July.

Measles.—Of the treatment of *measles*, Prof. Da Costa speaks as follows: Do as little as possible. Tinct. aconit. rad. in neutral mixture, for fever, if necessary. Keep patient warm. Look out for complications. No need of prevention against its spreading. Better let all children of a household get the disease, and thus be safe against it when older.—*Col. and Clin. Record*, July.

Febrifuge Drink.—A good febrifuge drink is made in the following manner:

℞ Glycerin. . . . . 1 ounce
Acid. citric. . . . . ½ drachm.
Aquæ . . . . . 6 ounces.

M. SIG.—One to two tablespoonfuls every hour for an adult.

—*Med. Brief*, July.

Chronic Ague.—A case that resisted all other treatment for three years was cured by the following: ℞. Potash iodide, Fowler's solution of arsenic, āā ʒ ijss; stillingia comp. fl. ex., ʒ ij; syrup. simp. q. s. ad. ʒ iv. M. SIG.—Teaspoonful three times daily, two or three hours from meals.—(Dr. Wade) *Med. Brief.*

Hay Fever—Camphorated Steam.—Camphor and steam have been suggested as a cure for hay fever. One drachm (ʒ j) is placed in boiling water, and the steam arising from it is inhaled through a paper cone. Carbolic acid is also spoken of with favor, also quinine in solution. The general health must be looked after, however.—*Med. Summary*, July.

NEUROTIC.

Aphasia in Lesions of the Island of Reil.—Dejerine describes (*Revue de Méd.*) a tubercular case, which suddenly developed aphasia, and a little later paralysis of the face, arm, and leg of the right side; these paralytic symptoms appeared gradually, and seemed to point to a progressive extension of meningitis along the fissure of Rolando on the left side. The intelligence was unaffected throughout. At first the aphasia was not constant, disappearing and reappearing once or twice, but finally settling into complete motor aphasia, without the least affection of the intellectual powers. On account of the paralysis of the arm, it was not possible towards the end to examine for agraphia, but he could write early in the attack. He died after a convulsive seizure. The autopsy showed that the convolution of Broca was quite intact, but that the island of Reil was invaded by the tubercular disease, as well as both borders of the fissure of Rolando. Dejerine points out that in his case there was loss of voluntary speech, loss of the faculty of repeating words, and loss of the power of reading aloud, while there was retention of voluntary writing, writing to dictation, and copying, retention of the comprehension of

spoken and written language, and retention of the faculty of mimicry. He explains the case as belonging to the category of what Wernicke has termed "aphasia of conductibility" (which Lichtheim has recently localized in the insula), but differs from these writers somewhat in his details of interpretation.—*Edinburgh Med. Jour.*, July.

Convulsive Gaping.—A little girl four years old, of lymphatic constitution, subject to intestinal catarrh, was suddenly seized with deep, continuous, incessant gaping. The intestinal catarrh soon yielded to treatment, but the gaping, with which was associated a convulsive movement of the tongue, a certain rotation with tendency to protrusion, did not begin to get better for a month, notwithstanding the administration of bromide of potassium, and did not finally cease until after two months from the beginning of the attack. Only two other cases, one by Coursserant and the other by Bellemand, are recorded, in which gaping figures as a pathological fact *per se*, and not as a transitory and secondary symptom in the course of other affections. The nerve-centre interested must be the respiratory, gaping corresponding in its physiological mechanism to respiration, and taking place with the concurrence of the same muscles; the convulsive movement of the tongue also pointing to affection of the nucleus of the hypoglossal nerve. As to the nature of the alteration of this nervous centre, grave anatomical conditions could only be excluded after the cessation of the gaping, which proved the alteration to belong to the so-called functional. The author concludes that gaping may constitute by itself a pathological fact; that in such cases it represents a special neurosis of the bulb, more definitely of the respiratory centre; and that, from the importance of the site affected, the affection is not exempt from danger.—*London Med. Record.*

Abscess of the Brain.—At a meeting of the Medical Association at Hamburg, held on May 5th, Dr. Schede related some surgical cases from the General Hospital of that city. One of the most interesting was a case of cerebral abscess which recovered. The patient was admitted on Jan. 11th with septicæmic symptoms, and a foul, purulent discharge from the left ear. Trephining of the mastoid process evacuated some pus; but on Jan. 29th there occurred paresis of the right (*sic*) facial nerve with amnesic aphasia, pain in the vertex, œdema, and fever. After removal of a large portion of the squamous bone, the exposed dura mater was found to be discolored, and an incision into it gave exit to a quantity of foul pus. The abscess was washed out with sublimate solution and the wound closed. In spite of a relapse, the patient left the hospital cured at the end of March, and remained well, although easily affected by work. Dr. Schede remarked on the difficulty of diagnosing cerebral abscess, and on the capacity for regeneration of the cranial bones, relating a case of marked repair after extensive caries of the skull in support of this fact, which has hardly received sufficient recognition.—*London Lancet*, July 4th.

Migraine.—Dr. O. B. Campbell read a paper on this subject to the Michigan State Medical Society, at its last meeting. He said that etiologically migraine is a "constitutional neurosis," with a strong hereditary tendency. Its symptoms are caused by vascular disturbances.

We have three elements: 1. A tendency (often hereditary) to nervous exhaustion. 2. Spasmodic anæmia. 3. Irritative hyperæmia.

When an attack is impending croton, chloral, caffeine, etc., will sometimes abort it. In the spasmodic stage nitrite of amyl, or morphia hypodermically, is of service. In the hyperæmic stage a combination of ergot, hydrobromic acid, and caffeine should be used. The neurotic element of the disease should be treated between the attacks by cannabis indica.

Dr. Smart, of Hudson, advocated perfect rest for the patient in a dark room away from noise. The prolonged use of small doses of arsenic as a tonic and alterative he believed is beneficial. Cannabis indica, hydrate of chloral, nitrite of amyl, and bromo-caffeine, bearing in mind the physiological effects of each, may often be used to advantage.—*Phila. Med. News*, July 18th.

Pseudo-Tabes Caused by Sulphide of Carbon.—Berbes, in a communication to the Clinical Society of Paris (*La France Médicale*), reports the case of a laborer handling large quantities of sulphide of carbon, who presented symptoms of cerebral congestion, motor trouble, and hyper-

æsthesia of the skin, with finally ensuing complete paraplegia, lasting two months. The powers of coördination became almost entirely absent, while the perversion of sensibility reached a remarkable degree, and the sexual apparatus wholly lost its functional activity. Besides, darting pains in almost all regions of the body, but chiefly in the cardiac zone, where mitral insufficiency was found, were constantly present. It was obviously a case of tabes produced by intoxication with the sulphide of carbon, the patient improving within a couple of months under the influence of purgation and nervous stimulation.—*Therapeutic Gaz.*

Digitalis in Hysteria.—Dr. J. Gordon Black reports a case of violent hysteria, in a female, almost maniacal in character, in which the bromides, chloral, chloroform, belladonna, quinine, and iron were all useless. Morphia alone seemed to possess any power over the paroxysms, but its administration was finally suspended because of its pernicious effects on her moral and physical constitution. Digitalis was then resorted to during one of the attacks, when her pulse was remarkably quick and feeble. Four doses of a drachm each of the tincture were administered at intervals of an hour, after which the pulse became strong in character and fell from 130 to 90 beats per minute. She soon fell asleep, and awoke in the morning completely relieved, and has had no attack since.—*Med. Bulletin*, July.

Alcohlism—Injections of Sulphate of Strychnine.—Dr. Dujardin-Beaumetz treats cases of mania a potu by hypodermic injections of the following solution :

℞ Sulphate of strychnine . 10 centigrams.
Aqua destillata . . . . 10 grams. M.

This was given in one case up to one-gramme doses, with cure as a result.—*Phila. Med. Times*, July 11th.

Senile Dementia.—Dr. Henry Kennedy read a paper at the Academy of Medicine in Ireland on senile dementia, which occurred in an old lady, aged eighty, six weeks subsequent to the fracture of the neck of the thigh-bone. After the usual remedies had been tried and failed, a course of the extracts of hoscyamus proved useful, and, on the addition of small doses of mercury, a complete cure was obtained except that her sleep was not restored. This symptom, however, was at once conquered by placing the patient with her head to the north. Dr. Foy specified the three preparations of hyoscyamus—the crystalline, the amorphous, and a soft extract known as hyoscyamus ; but the only trustworthy preparation was the alkaloid, as prepared by Merck of Dresden.—*London Lancet*, July 4th.

Hysterical Contracture. — In the March number of the *Revue de Médecine*, Mlle. A. Klumpke records with great minuteness a case of chronic hysteria, which proved fatal from tuberculosis. The patient presented almost every variety of hysterical contracture in an extreme degree. There were contractures either in flexion or extension of both upper and lower extremities, of the tongue, the head, the eyeballs, pharynx and larynx, with trismus and torticollis. At an eary period of her illness, under a mistaken diagnosis, tenotomy was performed for club-foot, without any benefit. Ankle clonus and exaggerated knee-jerks were noted, as well as fibrillary tremors and muscular wasting The whole duration of the illness was about six years, in the middle of which for more than a year the permanent contracture disappeared. A minute examination of the brain and spinal cord showed that even with the microscope no lesion was recognizable. The case is of great interest, as proving that in hysteria symptoms of organic disease of the spinal cord may appear, and persist during a long period, without giving rise to any permanent structural alterations.—*London Med. Times*, July.

"Simulo" in Epilepsy.—In the *Boletin Médico*, published at Trujello, Peru, Dr. Larrea y Quezada describes the treatment of his own case of epilepsy, when a boy of thirteen, by simulo, which is the fruit of a plant of the hyssop family—Capparis coriacea. The dose was forty-five grammes of the powder in wine night and morning. Though he had suffered from fourteen attacks, preceded by a distinct aura, his cure was immediate and complete. Since he has been in practice he has employed the drug in all cases of epilepsy, and also in nervous and hysterical cases, with the best results.—*London Lancet.*

Oxygen a Soporific.—When nervous wakefulness ensues, at night-time ; when there is a desire to sleep, but on account of a peculiar state of mind and body, rest will not come, inhalations of pure air may be

used as a safe and efficient soporific. It is observed in these conditions that a person only breathes half-way, and that the oxygen in the lungs is kept exhausted. Now we would recommend from two to six full respirations, and before there is time to notice the effects, sleep is produced.—*Amer. Med. Jour.*

Nervous Shock as a Cause of Pernicious Anæmia.—Dr. Roland G. Curtin reports three cases of pernicious anæmia which followed directly on severe mental emotion of a depressing character. Cases having a similar origin have been reported by Mackenzie and by the staff of St. Bartholomew's Hospital.—*The Polyclinic.*

Poliomyelitis Anterior Caused by Arsenical Poisoning.—Dr. W. Page McIntosh reports two cases of acute poliomyelitis anterior in the adult, in which the only assignable cause of the disease was acute arsenical poisoning. Other symptoms characteristic of arsenic were present in both instances.—*N. Y. Med. Record.*

Parthenine in Neuralgia.—Tovar has experimented with this alkaloid in cases of facial neuralgia (*Gazz. med. Ital.-Lombard.*). Giving a tenth of a grain every hour for four hours, and then decreasing the size and frequency of the dose, he cured rather a severe case in a week. Parthenine is obtained from *Parthenium hysterophorus*, an herb growing in Jamaica.—*N. Y. Med. Jour.*, July 11th.

Hiccough—Cold to the Ear.—A Brazillian physician, Dr. Ramos (*Bull. gén. de thérap.*), states that refrigeration of the lobe of the ear will stop hiccough, whatever its cause may be. Very slight refrigeration will answer—the application of cold water or even of saliva being sufficient.—*Denver Med. Times*, July.

Phosphide of Zinc for Tubercular Meningitis.—Dr. Thorowgood (London) recommends phosphide of zinc in the treatment of tubercular meningitis. He says it acts as a nerve tonic, and facilitates the absorption of exuded lymph at the base of the brain. He effected a cure in seven days by giving the 120th of a grain every two or three hours.—*Med. World*, July.

Shock.—The following views in regard to the treatment of "shock" are expressed by Groninger, of Berlin, as the conclusion of a long paper on the subject.

Energetic counter-irritations of the skin are to be excluded as useless and even dangerous.

Abstraction of blood is contra-indicated.

Transfusion of blood can only be thought of in cases of great loss of blood.

Opium and chloroform are of no value whatever in shock, while digitalis is worthy of further study.

Alcoholic stimulants and subcutaneous excitation are useful. Horizontal posture, application of warmth, perfect rest, and subcutaneous injection of strychnine are the most recommendable factors of treatment.—*Therapeutic Gaz.*

Strychnine Hypodermic.—The solution of *strychnine* which Prof. Bartholow recommends for *hypodermatic use* is the following:

℞	Strychninæ sulph.	gr. j.
	Aquæ destill., vel	
	Aquæ lauro-cerasi	f℥ j.

M. Sig.—10 minims = $\frac{1}{10}$ gr.

—*Col. and Clin. Record*, July.

RESPIRATORY.

Melano-Sarcoma of the Nose Cured by Galvano-Cauterization.—Dr. R. P. Lincoln, of New York, contributed a paper on the above, to the American Laryngological Association, at its Seventh Annual Congress, held at Detroit, Mich.

A little over two years ago, patient first noticed an obstruction to free respiration in the right nostril. This was followed by continual muco-purulent blood-stained discharge. Her general health at this time was good; there was little or no pain. Six months later this nostril became completely occluded. The growth was then removed, and pronounced upon microscopic examination to be cancerous. Two months later the former symptoms reappeared, and continued to increase for eight months, when the first operation was again repeated. In the course of four months afterwards the tumor increased very rapidly, when the patient placed herself in the hands of a so-called "cancer doctor." The patient came under the observation of Dr. Lincoln in November, 1884. At this time the right side of the nose, extending to the inner canthus of the eye, showed a fulness amounting to about four times the size of

the left side of the nose. The lower half of its ala was wanting, and there protruded from the right nostril for about half an inch a dark-colored, fleshy mass, which completely filled it. This was attached to the outer margin of the nostril as well as to its floor. A plum-colored discharge flowed constantly from the nostril, and the lightest touch by a probe upon the mass excited hemorrhage. Exploration showed the tumor to grow from the inferior and middle turbinated bones and from the floor of the nostril for a distance of two and a half inches. The septum was free.

The tumor protruded in the post-nasal cavity, occupying about half of it. Its removal was effected by means of the galvano-caustic écraseur, and a subsequent cauterization of points of attachment. Great pains were taken to make the cauterization complete, and thus secure the entire removal of diseased tissue. Hemorrhage was inconsiderable. A disinfectant solution was used for about a week after the operation. The patient was allowed to return home two weeks after the operation. On May 27, 1885, the patient having returned at intervals of one or two months since the operation, careful examination failed to reveal the slighest recurrence of the disease. A microscopical examination of the tumor, made by Dr. Frank Ferguson of the Pathological Department of the New York Hospital, identified the tumor as a true melanotic sarcoma.—*Phila. Med. News*, July 11th.

Nasal Calculus.—Dr. E. Schmiegelow, of Copenhagen, has removed a calculus as large as a walnut from the left inferior meatus of the nose of a man aged fifty-eight. There was no facial deformity, shough there had been a fetid discharge for tixteen years. The patient had also suffered from unilateral sweating of the face, affecting the same side as that on which the calculus was situated. With some difficulty the stone was removed at two sittings with a powerful écraseur. It was, like most of the few nasal calculi that have been described, without a nucleus of paper, fruit-stone, or any other foreign body, these having only been found in very rare instances. Chemically it was composed of the phosphates of lime and magnesia, with carbonate of lime. There was no oxalic acid, and very little organic matter.—*Lond. Lancet*, July 11th.

Leucoplakia Buccalis et Linguæ, or Ichthyosis Linguæ — Successful Treatment by the Galvano-Cautery.—Dr. E. Fletcher Ingals, of Chicago, read a paper with the above title at the last meeting of the Amer. Laryng'l Ass'n:

During the past year it had been the author's good fortune to cure a case of the rare and intractable disease which formed the subject of this paper. The disease had been recognized but a short time. Very little had been written upon it, and that little was involved in what at first seemed inextricable confusion,—this because several different affections had been confounded and described under the same name: thus "smoker's patches," the condition found in old glass-blowers termed "professional patches," psoriasis linguæ, and various manifestations of syphilis having been considered by different authors as true leucoplakia or as one of its phases. Professor Ingals defined leucoplakia buccalis as a chronic affection of the buccal mucous membrane, characterized by thickening of the epithelium and the formation of white, opaline, elevated patches, which usually become fissured and painful, and after continuing for a long time are likely to terminate in epithelioma.

A full history of the disease was given, with copious references.

The anatomical characters, causation, clinical history, and diagnosis were thoroughly considered. As to prognosis, the duration of the disease is uncertain. Two cases were referred to in which cancer supervened in less than six months. Among the indications that leucoplakia is passing into epithelioma were non-inflammatory enlargements of the lymphatic glands, with exfoliation of the thicker portions of the patch, the formation of an ulcer, the supervention of sharp pains, salivation, and at length induration of the subjacent tissue; finally, great swelling in the region of the jaw is likely to occur, and death takes place from exhaustion.

Treatment.—In cases of leucoplakia all sources of irritation, particularly those resulting from the use of alcohol, should at once be removed, and if the digestive organs are deranged, as is frequently the case, they should receive proper attention. Aside from these measures most authorities believe treatment of little or no avail.

In the case reported in the paper internal remedies were useless, and local appli-

cations of tincture of iodine, nitrate of silver, and the acid nitrate of mercury greatly increased the patient's suffering, and would doubtless have aggravated the disease had they been persisted in. As soon, however, as the actual galvano-cautery was applied relief from all pain was obtained, and by a persistent and careful use of it the disease was eradicated. From a study of the literature of the subject, and from his own experience, the author had arrived at the following conclusions: First, leucoplakia buccalis is an idiopathic disease, distinct from psoriasis, "smoker's patches," and syphilis. It is largely confined to men past middle life, but occasionally occurs in women. Second, the disease is so commonly found in inveterate smokers that the abuse of tobacco may be fairly claimed as an exciting cause, though cases occur where tobacco has never been used. Third, the affection is chronic, and finally terminates, in a majority of cases, in epithelioma. Fourth, internal treatment and the local application of sedative, stimulant, or caustic drugs are in nearly all cases either useless or injurious, and the latter is sometimes disastrous by hastening the development of epithelioma. Fifth, the actual cautery, or the galvano-cautery, will probably enable us to cure many cases, if they are treated sufficiently early; provided it is applied to only a small spot at each sitting, and carefully, so as not to destroy the healthy tissue beneath the changed epithelium.—*Boston Med. and Surg. Jour.*, July 16th.

Strychnia and Mercuric Bichloride in the Treatment of Phthisis.—This was the subject of a paper by Dr. T. D. Finck, of Louisville, at the Ky. State Med. Ass'n. Several cases were embodied in the report, in which these remedies had been given in the dose of a thirty-second of a grain three times daily, with the most satisfactory results. In one, the process of disintegration had already begun; in all, the fever and night-sweats disappeared, the appetite returned, nutrition increased, and all the symptoms but the cough were relieved. A brief review of the probable physiological action of the remedies was given in conclusion.

Dr. D. S. Reynolds directed attention to the recent reports of German investigators as to the power of the bichloride of mercury in restraining disease, and further to the fact that ever since the discovery of the bacillus tuberculosis it has been found that that germ existed in large numbers in the lymphatics, and in the secretions of the air-passages of individnals suffering from the so-called post-nasal catarrh. The speaker had of late observed that the constitutional use of the bichloride of mercury would in a short time clear away this affection.

Dr. Stuckey, of Lexington, reported good results from the use of this treatment.

Dr. Letcher reported that he had found the bichloride very useful in arresting the diarrhœa of phthisis.—*Phila. Med. News*, July 18th.

External use of Chloral for Night-Sweats.—Nicolai (*Wratsch; St. Petersb. med. Woch.*) remarks that the usual remedies for night-sweats have the disadvantage that the system soon becomes accustomed to their action, and that, consequently, the dose has to be so increased that unpleasant collateral effects are produced. The external use of chloral, he says, is free from this objection. He uses a mixture of two drachms of chloral and two beer-glassfuls of equal parts of brandy and water. With this mixture the patient is bathed at bedtime. If this is not enough, a clean night-shirt is put on which has been soaked in the solution and then dried. This treatment is said to be particularly successful with children when the trouble is not due to phthisis.—*N. Y. Med. Jour.*, July 11th.

Treatment of Asthma by Pyridine.—Prof. Germaine Sée has a new treatment of asthma, of the two forms that he calls "nervo-pulmonary" and "cardiac," by pyridine. In regard to the action of pyridine Dr. Sée concludes as follows, for the two forms of asthma mentioned: "In any form of asthma, if it be primordial and of a gouty or herpetic origin, iodide of potassium is the true remedy. When iodism has come on, then the pyridine finds its sphere, and it ought to be considered as the best means of curing all attacks of iodism; but the iodine is the real remedy. Pyridine is much superior to morphine. Its action in injection is much more durable and very much less dangerous. In asthma of the nervo-pulmonary type the attacks can be made to stop at once by this means. For asthma complicated with

grave pulmonary lesions the treatment should be kept up for at least a week, to insure the effect. In cases of the cardiac form pyridine renders great service in preventing that most annoying symptom, the sense of oppression."—(Paris letter)—*Phila. Med. Times*, July 11th.

Hiccough Cured by the Extraction of Needles from the Epigastrium.—Liégeois has described in the *Revue Méd. de l'Est* a case of intractable hiccough in a nervous and irritable woman, aged twenty-one. The paroxysm lasted twenty-four days, and was so violent that the whole body was shaken, and the noise could be heard at a distance of forty yards. Bromide of potassium and ether had been given without success. Chloral and hyoscyamine produced a temporary improvement, but the paroxysms reappeared after a time. Opium and atropia were then administered, and the hiccough ceased for about a month, when a new attack occurred. Five months later, a small abscess formed in the epigastric region, and a needle, which projected through the skin, was extracted by the patient's sister. An incision was then made by Dr. Liégeois, who found eight other needles in the subcutaneous tissue. This operation was followed by a complete cure, but the author is unable to state whether the needles had been swallowed or introduced under the skin by the patient herself.—*Med. and Surg. Rep.*, July 18th.

Pneumonia.—Prof. A. B. Palmer, when called to a patient within twenty-four hours of the chill, immediately gives :

℞ Morphiæ sulphatis . . gr. ¼ = ¼.
Quiniæ sulphatis . . . gr. vi. = x.

M.—In about an hour this induces free perspiration.

—*Bistoury*, July.

Pleurisy—Salicylate Sodii.—Gasparini says that in pleurisy, where diaphoretic treatment is indicated, nothing is so efficient as salicylate of sodium in full doses. This is especially the case where the pleurisy is accompanied by muscular rheumatic and neuralgic pains, tonsillitis, etc.—(*Gazz. deg. osp.*) *Nat. Druggist.*

Bronchial Catarrh.—

℞ Acid. carbolic. . . 0.50 centigramme.
Syrup of mint . . 30 grammes.
Aqua destill. . . . 120 grammes. M.

SIG.—Twice a day a teaspoonful before meals.

—(Dr. Chérie, Paris Letter) *Phila. Med. Times*, July 11th.

Acute Bronchitis.—Prof. J. M. Da Costa prescribes :

℞ Vini ipecacuanhae . . . . ʒ ij.
Liquor potassii citratis . . . ℥ iv.
Tinct. opii. camph.
Syrup. acaciæ . . . āā . ℥ j.

A tablespoonful thrice daily in the first stage of ordinary bronchitis.

—*Bistoury*, July.

Listerine for Whooping-Cough.—In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital, Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions. He has used listerine extensively with good results in the treatment of whooping-cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*Phila. Med. News.*

CIRCULATORY.

When the Heart Rests.—Dr. W. B. Richardson, of London, says he was recently able to convey a considerable amount of conviction to an intelligent scholar by a simple experiment. The scholar was singing the praises of the "ruddy bumper," and saying he could not get through the day without it, when Dr. Richardson said to him : "Will you be good enough to feel my pulse as I stand here ?" He did so. I said : "Count it carefully ; what does it say ?" "Your pulse says 74." I then sat down in a chair and asked him to count it again. He did so, and said : "Your pulse has gone down to 70." I then lay down on the lounge, and said : "Will you take it again ?" He replied : "Why, it is only 64 ; what an extraordinary thing !" I then said : "When you lie down at night that is the way nature gives your heart rest. You know nothing about it, but that beating organ is resting to that extent ; and if you reckon it up it is a great deal of rest, because in lying down the heart is doing ten strokes less a minute. Multiply that by 60 and it is 600 ; multiply it by eight hours, and within a fraction it is 5,000 strokes dif-

ferent; and as the heart is throwing six ounces of blood at every stroke, it makes a difference of 30,000 ounces of lifting during the night. When I lie down at night without any alcohol, that is the rest my heart gets. But when you take your wine or grog you do not allow that rest, for the influence of the alcohol is to increase the number of strokes, and instead of getting this rest, you put on something like 15,000 extra strokes, and the result is, you rise up very seedy and unfit for the next day's work till you have taken a little more of the 'ruddy bumper,' which you say is the soul of man below."—*The Asclepiad.*

Acute Articular Gout.—In a recent monograph by Dr. Robson Roose (London), the author says that, when called to a case of this sort, he invariably examines the urine for albumin. If he finds none, and there is constipation with signs of congestion of the liver, he orders two or three grains of calomel, to be followed by a draught containing sulphate and carbonate of magnesium. If there is no marked evidence of hepatic congestion, milder remedies will suffice for the constipation; the saline draughts alone, or ten grains of pilula colocynthidis et hyoscyami, with perhaps a grain of calomel or a quarter of a grain of resin of podophyllum, generally producing a free action of the bowels. At the same time he orders a mixture containing ten minims of wine of colchicum and from ten to twenty grains of some alkaline salt, such as bicarbonate of potassium or of sodium, carbonate of magnesium, or citrate of magnesium or potassium. This should be taken four times in the twenty-four hours, and continued according to circumstances. If there is much fever, two drachms of solution of acetate of ammonium may be added to each dose. The following application gives great relief from the pain:

Extract of belladonna . . .	2 drachms.
Glycerin	½ ounce.
Water	2 drachms.

It is applied to the affected joint on cotton wool, and the part should be raised on a pillow and kept in a comfortable position. While active symptoms continue, the diet should be restricted to such articles as arrowroot, sago, gruel, milk puddings, etc. Seltzer, Apollinaris, or any other aërated alkaline water may be used freely. When the acute symptoms have subsided, beef-tea, fish, and chicken may be taken in small quantities, but the return to the usual diet should be very gradual. Rest and care are essential for some days after the subsidence of the paroxysm. Leeches, blisters, and especially cold applications, should be avoided.—*N. Y. Med. Jour.*, July 4th.

Abdominal Pain a Symptom in Slow Intra-Pericardial Hemorrhage.—We select the following case from several reported by W. J. Naismith, M. D., Edin., C.M., Consulting Surgeon to the Ayr County Hospital. He says: "Without presuming upon the expression of any opinion as to the previous recognition and description of this symptom by other observers, it may be sufficient to remark that no place seems to be found for it in the symptomatology of so grave a mishap as this as set forth in our ordinarily accessible text-books. Of cardiac and præcordial pain, sighing, respiration, fluttering pulse, coldness of extremities, sensations of choking and constriction, and that of *besoin de respirer*, with sense of impending dissolution, which may amount to the acutest orthopnœa, we have, indeed, definite account; but that there may also occur in a certain proportion of cases of intra-pericardial hemorrhage this symptom of abdominal pain, so marked, yet so unaccountable as to lead either to a diagnosis of peritoneal or enteric mischief on the one hand, or to a refusal of a certificate of death on the other, I hope to show by the brief record of the following cases which have come under my notice in the course of medico-legal investigation:

RUPTURE OF ANEURISM.—H. D——, an active, powerful man, aged forty-eight, an old soldier who had put in his twenty-one years' service, and *ipso facto* presumably the subject of vascular degenerative change, was found lying on the ground, close to a railway station, where he had employment as a porter. He was much exhausted, said he had felt 'something give way in his chest,' which made him sink down about an hour before, and complained of pain in the region of the abdomen. The medical man who saw him after he was carried home, to whom I am indebted for these particulars, found him in a condition of collapse, with dorsal decubitus, head and shoulders being raised; a weak pulse; some tightness across the chest, but with general abdominal pain of such intensity as to assert itself as the

most prominent symptom of the case, and to suggest the treatment adopted—namely, sedatives and poulticing. Externally there was the hardness of muscular contraction, no swelling or tympanites, and toleration of pressure without elevation of the lower limbs. There was no vomiting or hernial protrusion. Dyspnœa had not been very marked; a symptom this, however, which, judging from Fischer's published record of cases of pericardial distension following wounds of the heart, seems by no means a constant one. Death supervened rather suddenly in six hours. On post-mortem examination the abdomen was in a state of apparently absolute normality; no effusion or signs of peritoneal, gastric, or enteric mischief; absence of all conditions obstructive of intestinal lumen; organs healthy. The pericardium, however, was distended with clots and fluid blood, which had issued from an opening of the size of a small pea in an aneurism involving the first or ascending portion of the aortic arch. The vessel was extensively atheromatous, and the sac, which was about the size of a hen's egg, had opened posteriorly at a spot where its walls had undergone more rapid attenuation. The heart itself was pale, flabby, and friable, with valves competent; other organs normal."

In the other cases,—"*Rupture of Right Auricle*," and in that of "*Stab-Wound of Pericardium*," this symptom of abdominal pain was equally conspicuous.—*London Lancet*, July 11th.

Hypodermic Transfusion.—According to M. Luton, of Rheims, hypodermic "transfusion" may replace the intravascular method, as it offers all the therapeutic advantages without being liable to any of the accidents which attend intravascular injection. He argues further that blood reduced to its simplest expression as a useful element in transfusion consists of a simple solution of a neutral salt, such as sulphate of soda. The following formula is recommended: Sulphate of soda, 10 grammes; crystallized phosphate of soda, 5 grammes; distilled water, 100 grammes. The ordinary dose for a hypodermic injection is 5 grammes.—*London Loncet*, July 25th.

Intravenous Injection of Milk.—C. E. Jennings, F.R.C.S., after a careful physiological, experimental, and clinical study of this subject concludes that:

1. The intravenous injection of a small quantity of newly-drawn milk is harmless.
2. Large injections of milk are fatal, with polyuria as the chief symptom.
3. The employment of impure or stale milk is most dangerous, on the probability that septicæmia will follow the operation.
4. The operation is to be recommended in the later stages of cholera, enteric fever, phthisis, and pernicious anæmia, as a substitute for the transfusion of. blood; and, in short, in all cases where transfusion of blood is indicated on nutritive grounds, but where a blood-donor cannot be procured, or where this operation is for other reasons impracticable.—*British Med. Jour.*

Exophthalmic Goitre.—A case of exophthalmic goitre, occurring in a pale, ill-nourished girl, was recently presented before the Jefferson Hospital Clinic. Her thyroid gland began to enlarge three years previously, and her eyes were now commencing to protrude. A churning, mitral murmur was distinctly audible, and there was considerable œdema of the ankles. The indications being to remove the anæmia and allay the irritability of the heart, Professor Bartholow directed her to take—

℞ Pulv. digitalis . . . gr. xx.
Ferri sulphatis exsicc. . gr. x.
Mangani sulphatis exsicc. gr. xx.

M. Ft. pilula No. xx. SIG.—One pill three times a day.

—*Med Bulletin*, July.

Intermittent Pulse.—Dr. B. W. Richardson, of London, believes that alcohol is the one reliable remedy for this affection. He also has found beneficial in similar cases, the administration of one third of the following mixture, three times a day, when the patient abstains from alcohol, and has no organic disease of the heart:

℞ Spt. chloroform,
Spt. Ammon. arom., āā . ʒ i.
Aquæ camphor . . . . ʒ i.

Mix.

—*Md. Med. Jour.*, July 4th.

Nervous Shock as a Cause of Pernicious Anæmia.—Dr. Roland G. Curtin reports three cases of pernicious anæmia which followed directly on severe mental emotion of a depressing character. Cases having a similar origin have been reported by Mackenzie and by the staff of St. Bartholomew's Hospital.—*The Polyclinic.*

Hæmostatic.—Grossi, says the *Gazzetta degli ospitali*, has recently made a study of

a gigantic species of agaric, the *Polyporus senex*, found on the coast of Chili, the absorbent properties of which are remarkable. Although it is insoluble in ether, in chloroform, and in acohol, it effervesces in the presence of bicarbonate of sodium, becomes smooth and unctuous, breaks up, and dissolves. Grossi has made use of it as a styptic, and regards it as a specific in cases of hemorrhage from wounded arteries that are too small to tie, and too large to be controlled by other styptics; also in the hemorrhagic diathesis. He has employed it for night-sweats also after the following formula:

Polyporus senex	3½ grains.
Bicarbonate of sodium . . .	15 "
Distilled water	3 ounces.
Gum arabic	75 grains.

SIG.—A tablespoonful to be taken at night.

—*N. Y. Med. Jour.*, July 11th.

Acute Rheumatism.—A muscular and vigorous young woman was presented at Prof. Bartholow's clinic, suffering with an attack of *acute rheumatism*. The temperature was 101.5°. Left hand swollen, especially the wrist. This was her second attack, and was preceded by several days of muscular pains. If tinct. ferri chloridi had been given at this time, likely the present attack would have been averted. Here use a combination of sodii salicylas and ol. gaultheriæ, and paint joints with cantharidal collodion. — *Col. and Clin. Record*, July.

Functional Heart Disorders.—In *functional disorders of the heart*, Prof. Da Costa speaks highly of three agents, viz.:

1. Digitalis, which is most excellent.

2. Belladonna, especially useful when there is irregularity of action and cardiac pain. It may be combined with digitalis.

3. Strychnine is efficacious when we have a depressed condition of the nervous system.—*Col. and Clin. Record*, July.

Endocarditis.—Treatment of *endocarditis* (Prof. Bartholow): Keep heart at rest by ice and digitalis.

℞ Infus. digitalis . . . . . f ʒ ss–ʒ j.

SIG.—Every four hours.

Fly blister to axillary region.

In incipient stage, he advises:

℞ Morph. sulphat. . . . . gr. ¼.
Quininæ sulph. . . . . gr. x. M.

SIG.—Every four hours for one day.

—*Col. and Clin. Record*, July.

Functional Palpitation of the Heart.—When the action of the heart is turbulent, palpitating, and irregular, giving the patient an impression as of the fluttering of a bird in a cage (this condition being a frequent result of excessive smoking, abuse of stimulants, exhaustion from overwork, etc.), the following simple prescription will be found efficacious:

℞ Tinct. belladonnæ,
Tinct. nucis vomicæ . āā . ♏xxiv.
Aq. cinnamoni . . . ad . ʒ ij.

M. SIG.—Two teaspoonfuls three times a day.

Veratrum Viride in the Treatment of Palpitation.—M. Sée (*Union méd.*) recommends the use of tincture of veratrum viride for controlling over-action of the heart in cases of exophthalmic goitre. From three to five drops are to be given three or four times a day, for several weeks to months together.—*N. Y. Med. Jour.*, July 4th.

Congestion. — In congestion of the portal system, with cerebral congestion, Prof. Bartholow states that colchicum is a most valuable remedy. — *Col. and Clin. Record.*

ALIMENTARY.

Lipomatous Polypus of the Gullet.—Dr. J. J. Minkewicz, of Tiflis, details the case of an Armenian, aged fifty-two, who for two years experienced steadily increasing difficulty in swallowing solid food, and of late could sleep only in the prone position, all other postures causing attacks of suffocation. Examination detected a soft, elastic, pyriform tumor, of the size of a large hen's egg, which was attached, by means of a broad pedicle, to the anterior wall of the gullet at the level of the cricoid cartilage. The tumor became visible in the pharynx (just behind the soft palate and tongue) only when the patient performed several successive eructative movements. The author tightened an elastic loop round the pedicle and put two ligatures higher up. On the next day he divided the pedicle between the ligatures, the removal of the new growth being absolutely bloodless. Four days later the patient was discharged well and comfortable.—*London Medical Record*, June.

Chronic Herpes of Palate.—A case of chronic herpes of the palate, of more than fifteen years' duration, is under obser-

vation. The treatment, which has been of benefit, consists in local application of a weak solution of hydrochloric acid (forty minims of the dilute acid to the ounce of water) every second or third day, and the internal administration of small doses of opium (gr. $\frac{1}{16}$ of the solid extract, three times a day). The latter drug is employed as a gentle nervous stimulant, rather than as a sedative.—*Polyclinic*, June.

Acute Pharyngitis—Emollient Gargle.—M. Jasiewicz, *Union médicale de Paris*, recommends the following in the acute stages of the different forms of pharyngitis :

℞	Cherry-laurel water . .	60 parts.
	Acetate of morphia . .	1-20 parts.

A tablespoonful with two or three of warm water is used every quarter hour being held in the mouth and allowed to trickle over the pharynx, by holding the head far back. Two or three such baths render the pharynx much less painful.—*St. Louis M. and S. Jour.*, July.

Gargle for Chronic Pharyngitis.—The *Union médicale* attributes the following formula to Bamberger :

Chloride of ammonium . .	75 grains.
Honey of roses	750 "
Water	12½ ounces.

To be used several times a day, together with mustard foot-baths, the use of tobacco being prohibited.—*N. Y. Med. Jour.*, July 18th.

Inflammation of the Throat—Boroglyceride.—In cases of inflammation of the throat, as tonsillitis, pharyngitis, etc., a fifty-per-cent. solution, diluted about one half with water, and carbolic acid added, used as a gargle, has rendered most satisfactory results. Tannic acid may be added with advantage ; great relief is also afforded in cases of acute coryza, by diluting a fifty-per-cent. solution one half, and drawing it through the nares by a forced inspiration.—*Phila. Med. News*, June 6th.

Mouth Wash.—To arrest fermentation and development of micro-organisms in the mouth, the following wash is suggested for use after meals :

Take of—

Chloral	grs. 15
Essence of aniseed . .	minims 10
Essence of peppermint .	" 5
Distilled water	oz. 4

—*Med. World*, June.

Gouty Obesity and Dyspepsia.—Dr. Mortimer Granville writes that he has been obtaining good results of late, in cases of gouty obesity and dyspepsia, from the use of the salts extracted from ox-bile. They are given to persons with a predisposition to gout, in whom there is a tendency to the deposition of fat in the omentum and elsewhere, coupled with a deficiency of production and maintenance of heat. The bile-salts are given in the form of a pill, each containing about four grains of the taurocholate and glycocholate of soda, and are to be taken with food at each meal. —*N. Y. Med. Record*, July 25th.

Cholera Morbus.—Professor Da Costa says the quickest way of stopping the vomiting and purging of cholera morbus is to give a hypodermic injection of morphia, gr. $\frac{1}{4}$, and atropia, gr. $\frac{1}{100}$, to be repeated in half an hour, if necessary. Carbolic acid in half-drop doses will be found useful at the same time. It should be given in mint water every twenty minutes, until the stomach becomes less irritable. In obstinate cases, where the symptoms have lessened in severity but manifest a disposition to linger, the best results will be obtained from the administration of calomel, gr. $\frac{1}{4}$, soda bicarb., gr. iij, every half-hour. For the cramps in the stomach and legs, Professor Da Costa recommends friction, with ginger, capsicum, whiskey, or a liniment composed of chloral 1 part, soap liniment 3 parts. Instantaneous relief can always be secured by the use of chloral hypodermatically —*Med. Bulletin*, July.

Membranous Enteritis.—For a case of membranous enteritis, occurring in a dyspeptic man, æt. forty-six, Profossor Da Costa prescribed—

℞	Liq. potassii arsenitis .	ʒ j
	Tinct. ignatiæ . .	ʒ ii.
	Tinct. cinchonæ comp. .	℥ iiss.

M. SIG.—One teaspoonful in water after meals.

Also,

℞	Ferri sulphatis . .	ʒ ij.
	Magnesii sulphatis . .	℥ ij.
	Aqua	one quart.

M. SIG.—Half a wineglassful every morning.

—*Med. Bulletin*, July.

Biliary Colic.—Among the other purposes for which Kussmaul's procedure of washing out the stomach has been suggested, is biliary colic, due to impacted gall-stones. At a recent meeting of the Berlin Medical Society, Rosenthal reported

two cases treated in this manner. One was that of a woman of thirty-three, who had been six months under his care with successive attacks of biliary colic, for which all the usual measures had been resorted to, morphine alone giving her relief. He then washed out the stomach, with a view to obtaining the sedative effect to which attention had already been called by Senator. As an apparent consequence, the vomiting, which had been troublesome, ceased. She returned almost daily to have the operation repeated, and on the fourteenth day she brought with her two gall-stones, each about as large as a hazel-nut. Since then she has had no recurrence of the symptoms. The second case was also that of a woman who suffered from very severe attacks of hepatic colic with obstinate vomiting, and after washing out her stomach for a few days, not only did the vomiting cease, but the stones were also passed. Rosenthal did not undertake to explain the *rationale* of this treatment.—*Dublin Jour. Med. Sc.*

Aconitine in Congestion of the Bowels.—E. Benkendorf, M.D., St. Louis, Mo., writes: I was called to see an infant, eight months old, suddenly prostrated and nearly bordering on a semi-comatose condition of the brain, having had, but a little time before my arrival, a copious watery stool, accompanied with vomiting. The head was not as warm as usual, the abdomen was hot, and the child's mouth dry, without the usual secretion attending dentition. Pulse slower than the heat of the abdomen would have made me expect.

I prescribed $\frac{1}{1000}$ grain of "Merk's" amorphous aconitine, in a solution, as a dose to be given every half hour until the temperature of the abdomen was reduced and the child perspiring and show a general feeling of well-being and its usual mental condition. On leaving, I left a prescription for fractional doses of calomel, to be given if the diarrhœa should set in again.

In my visit next morning I was informed that the child had not taken the mercury powders, but the aconitine alone. It felt well, the heat of the bowels was reduced, the child was as lively as usual, and had had no more discharges from the bowels, except a natural one in the morning.

I found the beat of the abdomen tempered to its natural warmth, and the child's mental expression the same as it was said generally to manifest—cheerful and playful.

The child is still in the favorable condition mentioned.—*St. Louis Med. and Surg. Jour.*, July.

Belladonna in the Treatment of Intestinal Obstruction.—Dr. T. J. Hudson (England) thinks that in these cases the best way to use belladonna is to apply the extract to the abdomen with very hot poultices, and to give one or two grains of the extract as a suppository every hour, or inject $\frac{1}{120}$ of a grain of atropine every two hours until slight dilitation of the pupil is maintained. If the pain continues, and is serious, an injection of $\frac{1}{60}$ of a grain of atropine, with $\frac{1}{8}$ of a grain of morphine, is the best, as it combats depression and nausea. Morphine alone often increases the obstruction by causing or increasing nausea and, in the early stage of intussusception, preventing the bowel from righting itself by its own muscular power. He adds the caution that lime-water should not be given, as it decomposes atropine.—*N. Y. Med. Jour.*, July 18th.

Diarrhœa.—In serous diarrhœa, where the stools are loose and watery without much color or odor, Professor Da Costa recommends a combination of opium and a mineral acid. Where the discharges are griping and offensive and contain a great deal of mucus, indicative of a catarrhal condition of the intestinal tract, the opium should be combined with bismuth or ipecacuanha. If, however, the stools are greenish in color and moderately loose, and accompanied by a great deal of abdominal tenderness, an excess of acidity in the upper bowel may be inferred, and relief obtained by giving opium and mistura creta. —*Med. Bulletin*, July.

Tape-Worm.—M. D. Brewer, M.D., Fair Play, Mo., writes: Last week a railroad employé called on me to treat him for tape-worm, stating that he had been treated for it several times—at one time in St. Louis—but it still remained, and seemed totally indifferent to all well-meant hints that his presence was no longer desired, and that his room was much preferred to his company. The man was in a state of general debility, and thought there was but little hope of getting rid of his troublesome tenant. So I resolved to give the aforesaid tenant a regular "knock-down" hint, that

he would not fail to take. I ordered the patient to take onion-broth and sweet milk for dinner; then, in four hours, to take a large dose of sulph. magnesia; same diet for supper that he took for dinner. Cup of coffee early in the morning, then in a little while take the "hint," which was:

℞ Oleo-resin of male fern . minims 30.
Tannate of pelleterine . . gr. 1.
Glycerine . . . . . oz. ½.
Mix. SIG.—To be taken in sweet milk.

In three or four hours, take:

℞ Ol. ricini . . . . . ʒ j.
Ol. tiglii . . . . . minim j.
Ol. tanaceti . . . . . minims iij.
Chloroformi . . . . . minims xv.
Mix. SIG.—To be taken in warm toddy.

Bowels moved before taking last dose, and several pieces were passed and patient did not preserve them. In three or four hours the patient passed seventy-six and one half feet of worm, head intact!

I claim this to be the longest worm of the season, unless it is the "sea serpent," which is said to be from one to fourteen miles long—the length depending on who saw it.—*Med. World*, July.

Dysentery.—In acute dysentry Professor Da Costa frequently prescribes—

℞ Plumbi acetatis . . . . . gr. viij.
Pulv. ipecac. . . . . gr. j.
Pulv. opii . . . . . gr. j.
M. Ft. charta No. iv.
SIG.—One powder every two hours.

The treatment by salines, and the treatment by large doses of ipecacuanha or of bismuth are also serviceable, but whichever method be adopted, sufficient opium should be given in addition to allay the pain.—*Med. Bulletin.* July.

Glycerin as a Preventive of Trichiniasis. — Merkel (*Dtsch. Arch. f. klin. Med.; Ctrlbl. f. klin. Med.*) relates the case of a man who ate a portion, as long as one's finger, of a sausage in which living trichinæ abounded. Twenty hours after the ingestion of the sausage he was purged thoroughly with senna, and several specimens of the trichina, non-encapsulated, together with fragmenrs of the parasite, were found in the dejecta. The next day he was given a tablespoonful of pure glycerin every hour until fifteen doses had been taken. This caused no unpleasant symptoms beyond thirst and a feeling of dryness in the mouth, and the man escaped trichiniasis, while others who had eaten of the sausage were attacked with the disease.—*N. Y. Med. Jour.*, July 18th.

Injections of Cod-Liver Oil for Thread Worms. — Szerlecki recommends (*Journal de Médicine de Paris*) morning and evening injections of six spoonfuls of cod-liver oil for thread worms. —*Canada Pract.*, July.

URO-GENITAL.

Aspiration of the Bladder.—Dr. H. P. Kapteijn writes to a Dutch medical journal strongly in favor of the practice of aspiration in retention of urine where a catheter cannot be passed, giving cases illustrating its advantages. (1) A man of seventy-nine, who had had difficulty in passing urine for eight or nine years, the stream having latterly become very thin and at times only drops passing, found himself suddenly unable to pass any at all. Dr. Kapteijn with great difficulty succeeded in introducing a very fine elastic catheter, which drew off a large quantity of urine tinged with blood. The next day all attempts to pass an instrument failed. Aspiration was performed about two centimetres above the symphysis and 500 cubic centimetres of urine, mixed with blood, withdrawn. The aspiration was repeated twice daily for nine days, the urine becoming gradually clearer and the quantity drawn off each time being about the same as at first. All the punctures were made within an area the size of a dollar, and except an induration of the skin and cellular tissue, there was no bad effect from the numerous operations. For the next six days it was found possible to employ catherization, after which time neither the writer nor another medical man whom he called in were able to pass an instrument; aspiration was therefore again resorted to twice a day. After the third day the patient succeeded in passing a thin stream and has not again required either catheterism or aspiration. (2) A man aged seventy, who lived at a great distance from the doctor, became all at once unable to pass a catheter for himself, as he had been obliged to do for the past seven years. The author was unable to pass an instrument, though he tried many of different sizes and forms, false passages being the reason of the difficulty. Aspiration was therefore performed. The next day, as circumstances rendered frequent repetition of the opera-

tion impossible, the bladder was tapped per rectum and an elastic catheter fastened in. After a time, the false passages having closed, an instrument was passed per urethram and the rectal wound allowed to heal. The author points out that by aspiration the first patient was saved the unpleasant operation of rectal tapping, and that if circumstances had allowed, the second patient might also with advantage have been similarly treated. — *London Lancet*, July 4th.

Abdominal Tumor — Diagnosis.— M. Chauffard, in a case of abdominal tumor, believed to be kidney, adopted the following expedients in order to complete the diagnosis: (*a*) Aspiration on two occasions withdrew fluid of a urinous odor, and charged with pus, similar to that found in the urine. (*b*) Salicylate of soda (2 grammes) was administered, and on the following day the fluid obtained by aspiration was found to contain indications of its presence. (*c*) Fuchsine in solution was injected into the purulent cavity, and one hour afterwards the urine was found to be colored red.

From these observations, the tumor in the left loin was believed to be a cystic pouch, containing urine and pus, communicating with the kidney on the one hand, and on the other with the bladder through the ureter. M. Chauffard concluded that the case was one of pyelo-nephritis, possibly dependent on a calculus partially obliterating the ureter. This diagnosis was verified by the result of the operation of nephrectomy, performed by M. Polaillon, and the patient made a speedy and complete recovery.—*Bulletin de l'Académie de Méd.—Bristol Med.-Chir. Jour.*

Importance of Inquiring into the Condition of the Bladder.—Mr. Lund, Professor of Surgery in the Victoria University, in lecturing, spoke of some genito-urinary troubles. Referring to a topic which cannot be too often brought before practitioners, viz., retention of urine, Mr. Lund mentioned three striking cases. One was that of a young lady in whose case he was called in consultation to perform paracentesis; retention of urine was found. Another was that of an elderly man, with what was supposed to be a pelvic tumor pressing on the rectum, and causing tenesmus and difficulty in defecation. A quart of urine was drawn off, and the urgent symptoms soon disappeared. Another case was that of an elderly gentleman, who was suddenly seized with giddiness and rigors while at work in his office. Profuse perspiration came on. He went to bed and vomited. The abdomen was distended, and hernia was suspected. Mr. Lund catheterized and removed five pints of urine. Mr. Lund's second case reminded me of one recorded in Dr. Mathews Duncan's "Clinical Lectures." Dr. Duncan was sent for to pay a "satisfaction" visit to a patient said to be dying with malignant disease of the rectum. He was told that the growth could be felt in the iliac region, so far had it advanced. On examination the case was found to be one of enormous fecal accumulation in the bowel. On "digging" this out the symptoms disappeared.

When puncture of the bladder is required, Mr. Lund prefers the suprapubic method. "It is," he says, "cleaner, and an instrument can more easily be retained."

In infants, circumcision should always be performed, he thinks, when the prepuce "balloons out" during micturition. Otherwise the straining tends to cause inguinal hernia. When a hernia has been produced Mr. Lund prefers the "worsted truss."

A case of vesical calculus was described in which the symptoms of stone were marked by enlargement of the prostate. The stone was kept from pressure on the collapse of the bladder, and perhaps kept in one place by its shape, it having become moulded to the neck of the bladder above the base of the prostate. Another case was mentioned in which the converse occurred, viz., a stricture far back in the membranous urethra caused such dilatation of the prostatic portion as to set up symptoms of calculus, which subsided on division of the stricture. An interesting case was referred to by the lecturer, in which a "click" was heard on introducing a metallic catheter into a woman's bladder, after a sound had failed in producing any. It was afterward found that this only occurred when the stream of urine was stopped by placing the finger on the mouth of the catheter. The bladder possessed great expulsive power, and while the urine flowed freely there was no sound.—(London Letter.)—*N. Y. Med. Record*, July 18th.

Hysterical Suppression of Urine.— A peculiar case has been communicated by

Dr. T. J. Gribling, of Waalwijk, to the Netherlands Medical Society, where there was profuse perspiration, accompanied with partial, and, for a time, with complete suppression of urine. The patient was a girl of nervous constitution, who was, however, in good health till she was about twelve, when she somewhat suddenly complained of extreme fatigue and want of power in the legs. She then began to suffer from violent headache of the left frontal region, which, though persistent, always became especially violent at noon. In the evening, when it abated, profuse general perspiration came on. When the writer first saw the child, this had been going on for some months. There were converging strabismus, and quick respiration and pulse ; the temperature was normal, and no organic disease could be detected. The legs were quite powerless, but gave normal electric and reflex reactions. She had not at that time menstruated. The bowels acted very rarely, and the quantity of urine was very scanty. The food taken was very small in quantity ; nevertheless, the girl's weight did not materially decrease. This state of things continued for a year, uninfluenced by arsenic, atropine, and numbers of other remedies which were tried. The suppression of urine then became absolute, and the perspiration still more profuse. The author was careful to remark in the patient's hearing that, when the urine returned, the perspiration would be diminished. In about five weeks' time menstruation occurred, and a quantity of urine was passed. On this, the girl said to her mother: "Now the sweating will cease"; and, in fact, it did so, and did not return. The urine continues to be passed in satisfactory quantity, but there is still headache and want of power in the legs.—*Brit. Med. Jour.*, July 25th.

Stricture of the Urethra following Masturbation—Internal Urethrotomy—Recovery.—Dr. William Stone Torrey reports the case of a young man seventeen years of age who consulted him concerning an acne of the face which he asserted was due to masturbation. Examination showed a redundant and constricted prepuce, a contracted meatus, and an organic stricture of the urethra. The stricture was located one inch above the meatus, and extended upward a distance of two and a quarter inches. Its calibre was 25 mm., the normal calibre of the urethra being 34 mm. Circumcision was first performed, and when the wound had healed an Otis' uretorotome was introduced and dilated up to 34 mm., and the stricture was divided along its whole extent. Previous to the operation one half drachm of a four-per-cent. solution of cocaine was injected and allowed to remain for about five minutes. The subsequent incision of the meatus and division of the stricture were accomplished without the slightest pain to the patient. The stricture was tough and fibrous, and was remarkable in its extent and consistence, as masturbation was the sole cause, the patient never having been the subject of a gonorrhœa.—*N. Y. Med. Record*, July 4th.

Cucaine in Litholapaxy.—Professor Bruns, of Tübingen, reports a case in which he obtained local anæsthesia of the bladder and urethra, by injecting a cucaine solution, with the most gratifying result. The patient, a young man, had suffered for four years from stone in the bladder. Chronic cystitis was present, and evening feverishness. The injection of one gramme (mostly into the bladder itself, in a two-per-cent. solution, but also a little into the urethra) produced complete local anæsthesia for half an hour, during which time a very hard oxalate of lime calculus was thoroughly crushed, and removed without pain. After the injection, the patient assumed a different position, to bring the fluid into contact with the whole inside of the bladder; and after the operation, a little of a ten-per-cent. of iodoform-glycerine emulsion was injected. The recovery was uninterrupted.—*Brit. Med. Jour.*, July 4th.

Hypogastric Lithotomy.—M. Terrillon communicated a case of hypogastric lithotomy to the Société de Chirurgie. After having crushed with the lithotrite a stone which lay in the *bas fond* of the bladder, M. Terrillon explored the remainder of the vesical cavity, and met with, in the upper part of the organ, a hard body. He immediately performed hypogastric lithotomy, and found five calculi encysted, which were speedily taken out, and the patient made a good cure. M. Terrillon insisted on the good results of lithotomy through the hypogastric region, in which he was supported by M. Monod.—*London Med. Press*, July 8th.

Causes and Treatment of Albuminuria.—A Query!—SIR.—Will you kindly enlighten me on the following subjects by an answer in the next issue of the *Medical Press*:—1. Is the albuminuria and hæmatinuria caused by constant inhalation of carbolic acid likely to leave permanent Bright's disease? 2. What treatment is most suitable in such cases? 3. How long does the acute stage last?

W. W.

[1. Yes; of a cinhotic character. 2. Turkish baths are a great help by relieving the kidneys by a profuse diaphoresis. Failing them, vapor baths by the blanket, chair, and lamp. Great benefit can be attained by a farinaceous and milk diet, avoiding meat and eggs; this lessens the work of the kidneys. In the early stages benefit may be obtained by local depletion of blood. Avoid diuretic medicines, and, above all, mercurial preparations. 3. This question can be answered only by careful consideration of the circumstances of each individual case.—ED.]—*London Med. Press*, July 8th.

Irritable Bladder in Old Men.—Nervous old men often suffer a martyrdom from a form of irritable bladder which is not dependent on organic disease. If they take a little more wine than usual, or a richer diet, or become worried and irritable in mind, they will be called upon to micturate oftener than usual and in the night. The state of urine causing this is generally dependent upon the stomach being a little "out of order," and a few doses of liquor potassæ or bicarbonate of potash, after meals, a mild sedative and a gentle purge, will often remove the trouble. Sometimes a small dose of blue-pill or calomel cures him at once. If obstinate, an opium or henbane suppository is of use.—*Med. World*, July.

Rhus Toxicodendron in the Treatment of Enuresis.—Dr. George W. Willeford, of Glendale, Ind., writes: "On reading the excellent article upon enuresis in the *Record* of June 27th, by Alexander W. Stein, M.D., I was very much surprised to find that in enumerating the drugs employed in the treatment, he failed to mention the most efficient remedy which I have yet employed. I have found the fluid extract of rhus aromatica to give permanent relief in seventy-five per cent. of the cases treated, and to greatly benefit the remaining twenty-five per cent. As the article is comparatively a 'new remedy,' I have no doubt that there are many excellent practitioners who have never given it a trial. To those who are sorely puzzled to know what remedy to 'try next' in obstinate cases of enuresis, I will say, try a good preparation of the fluid extract of rhus aromatica, and you will find in it a pleasant and generally an efficient remedy."—*N. Y. Med. Record*, July 25th.

Pruritus of Genitals.—The following is Doyon's lotion for pruritus of the genital organs (*L'Union Méd.*):

℞	Bichloride of mercury .	0.25 grammes
	Chloride of ammonia .	0.25 "
	Milk of almonds . . .	500. "
M.		

—*N. W. Lancet*, July.

Test for Pus.—The presence of even a minute quantity of pus in urine or any fluid may be readily detected by the addition of peroxide of hydrogen. Active effervescence immediately takes place, owing to the liberation of oxygen.—*Med. World*, July.

VENEREAL.

Albuminuria and the Mercurial Treatment of Syphilis.—At the recent Congress of German Physicians Fürbringer, of Jena, read a paper upon the albuminuria of syphilis with and without mercurial treatment. He found that of secondary syphilitics who before treatment were not albuminuric, eight per cent. became albuminuric during treatment. In cases of primary syphilis not treated with mercury, albuminuria occurred in twelve per cent. of cases; almost always in the the stage of disappearance of roseola; with the exception of three cases, the albuminuria disappeared with the institution of mercurial treatment.

In the discussion which followed, Schuster claimed that cases of serious albuminuria due to syphilitic renal disease recover by mercurial treatment, and that there is no contraindication to the use of mercury in these cases.

Schumacher had observed several cases of simultaneous syphilis and nephritis, and was satisfied that the nephritis preceded the syphilis and continued during the further development of syphilitic phenomena. The mercurial treatment used in these

cases did not aggravate the symptoms of nephritis.

In his quite recent work on "Urinary and Renal Disorders," Dr. Beale says: "Of all the forms of chronic renal disease, those which are due to syphilis are the most likely to get well." Even in large albuminurias, with considerable and persistent dropsy, improvement may be confidently predicted, and even recovery not uncommonly takes place in the course of a few months.

The treatment in the early stages is that usual for Bright's disease—purgatives, warm baths, and hot-air baths. When the albumen is reduced to one fifth and urine is passed freely, he recommends iodide of potassium, iodide of iron, and other preparations containing iodine. Complete recovery is often thus produced after judicious treatment is kept up steadily for two or three months.

Dr. Beale thinks that the glandular enlargements, of which the kidney is an example, in syphilis, were less common when the mercurial treatment was more in vogue, although he admits that necrosis is less frequent. There can be no doubt that the judicious combination of the alterative with tonic chalybeate treatment in syphilis as contrasted with expectant treatment is calculated to be most serviceable.—*Phila. Med. News*, July 18th.

Diagnosis Between Indurated Chancre and Herpes.—It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Jour. de Connaiss. Méd.*) to the fact that when a herpetic ulcer is pressed between the fingers, a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized œdema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.—*Brit. Med. Jour.*, July 18th.

Albuminate of Mercury in the Treatment of Syphilis.—Dr. Max Bockhart, *Monatshefte für Prakt. Dermatologie*, strongly recommends albuminate of mercury in the treatment of syphilis. After repeated trial he has found it to be efficacious and well borne. Macular exanthems disappear after from three to five injections, and other syphilitic manifestations appear to yield equally well to the remedy. Gummata also disappear with great rapidity by use of the drug, which seems even superior to the peptonate of mercury. Local inflammation never occurs, and, as a result of its hypodermatic use, and though injected into the back, nates, and thighs, induration and abscess never occur. Generally, also, the hypodermatic use of the drug is entirely painless. A solution of albuminate of mercury, of a strength of 1½ per cent., is recommended for general use in injections made daily or every two days. The solution should be kept in a cool place and in colored bottles.—*Phila. Med News*, July 4th.

Hypertrophic Syphilitic Chancre.—Hypertrophic syphilitic chancre has a prolonged evolution varying from three to seven months and which may on this account be sometimes confounded with cancroid.

It is almost always extra-genital and is situated by preference upon the face.

Its diagnosis, which at first appears difficult, is singularly simplified by the appearance of secondary accidents and the coincidence of ganglionic engorgement.

Its prognosis is, in general, quite benign as a local lesion and this form of chancre does not indicate a greater gravity in the resulting syphilis.—(Dr. L. Zweititch, *Thèse de Paris*) *Jour. Cutan. and Ven. Dis.*, July.

Iodoform in the Treatment of Syphilis.—Dr. H. Macnaughton Jones states his experience of the value of iodoform administered internally in certain cases of syphilis in which the iodides appeared to have little effect. He does

not generally give it in larger doses than a grain or a grain and a half, three times a day. He continues its use, unless it is contra-indicated by some sense of fullness in the head, or headache. Especially when used in conjunction with the external application of iodide of starch, he has seen it prove of striking benefit in cases of ecthymatous ulceration. Like iodide of potassium, it is not borne in any quantity by some persons, while there are others who can safely persevere with it for a considerable time.—*N. Y. Med. Jour.*, July 11th.

Chancre of the Eyelid in Infants.—J. Vose Solomon, F.R.C.S., Birmingham, writes: In the *Journal* for June 20th, p. 1257, attention is drawn to the investigations by M. Baudry of Lille, of the origin of chancre of the eyelid occurring in children, as recorded in the *Memoires de la Société Française d'Ophthalmologie.* M. Baudry states that the method of infection remained very obscure until he traced it to the practice among French women of using their saliva to moisten the eyelids of nurslings, when agglutinated by conjunctivitis. So far back as 1863 (*British Medical Journal*, vol. i., p. 236) I recorded the case of an infant, 8 months old, affected with a chancre of the eyelid having a hard base. The parents proved to be quite healthy, but the child had been nursed and fondled by its aunt, who, on examination by me, was found to be suffering from fissured tonsillar ulcers which afforded a discharge, and her skin also was covered with a copper-colored eruption.

The child, in this case, got blotches on the buttocks after the primary sore had cicatrised under mercury. The commissure of the mouth became fissured, a chancre appeared on the mother's breast from suckling her infant, and she also had secondary symptoms.

In the first instance, then, the infant contracts a primary sore of the eyelid from the secondary ulceration of its aunt's mouth, and the mother of the child is primarily infected by the secondary disease presented by her offspring's mouth. The case refuted the observation of M. Diday, who denied that inoculation could take place from the secretion of a secondary sore.—*Brit. Med. Jour.*, July 11th.

Syphilitic Induration of a Cicatrix Resembling Morphœa.—H. Handford, M.D., Nottingham, writes: The following case is of some interest as indicating a possible close connection between morphœa—especially those cases which disappear comparatively rapidly—and syphilis.

A. B——, aged forty, had the left arm injured by cog-wheels, the skin and cellular tissues on the outer side near the elbow being divided by several parallel cuts. About a month after the wounds had completely and soundly healed the cicatrix became indurated, and instead of being thin and soft, appeared half an inch or more in thickness, and closely resembled morphœa. I found that the patient had had a hard chancre a short time previously, the remains of which were still evident. Under antisyphilitic treatment the induration of the cicatrix on the arm began to disappear, and after some weeks the cicatrix resumed its normal appearance.

In the absence of evidence of recently-acquired syphilis, I should have been compelled to diagnose the foregoing case as one of ordinary morphœa following an injury and developing in the cicatrix.—*London Lancet.*

Dressing for Phagedenic Chanchre.—The *Union Médicale* attributes the formula to Terrillon:

Pyrogallic acid	1 part
Powdered starch	4 parts.

Mix carefully. In cases of ragged phagedenic chancres, with multiple prolongations, the powder is to be blown into the deep parts with a bellows. The application should be repeated twice a day. The preparation should be freshly made and preserved against moisture in a well-corked bottle.

—*N. Y. Med. Jour.*, July 25th.

Syphilitic Ulceration of Nipple.—Mr. Giffard showed (Brighton and Sussex Medico-Chir. Soc.) a case of, probably, primary syphilitic ulceration of the right nipple, of fourteen weeks' duration, in a single woman, aged twenty-seven. The nipple at first resembled a tuberous growth like a ripe mulberry, but had grown smaller as ulceration spread; this was now ragged, with everted edges and hard base. The axillary glands were enlarged. Maculæ on the skin, sore throat, and a sore on the vulva had occurred.—*Brit. Med. Jour.*, July.

Bichromate of Potash for Obstinate Syphilis.—In cases of syphilis that have resisted mercurial treatment, Guntz advises daily administration of half a grain of bichromate of potash in four doses. He

denies that headache ever follows the use of the drug.—*Canadian Pract.*, July.

Condylomata on Tongue in Syphilis.—Treat the same with the following :

R. Corros. sublimate . . . . . 15 grs.
Ether . . . . . 2 ozs.
M. fi. sol.

SIG.—The physician himself should apply this.

—*Peoria Med. Monthly.*

Gonorrhœa.—Dr. J. W. Lilly, of Pomeroy, Ohio, having been repeatedly disappointed, as we all are, in the treatment of gonorrhœa, cast about him for some reliable remedy, and as a result he publishes the following formula. He claims that it will give entire satisfaction, if used as directed :

℞ Hydrastin . . . . . gr. ss.
Boracic acid . . . . . grs. iss.
Morph. acetate . . . . . gr. ½.
Chlor. sodium . . . . . gr. j.
Pure cocoa-butter, q. s.

To make bougie three inches long.

The method of using it is, first have patient to urinate, then cleanse the urethra with starch water, after which introduce bougie. Continue this morning and evening until the discharge ceases (which it does in two to five days), and then one each evening for five evenings more.—*Cin. Lancet and Clinic.*

Quinine Injection for Gonorrhœa.—Haberkorn (*Ann. des mal. des orig. gén.-urin.*) uses the following as an injection :

Sulphate of quinine . . . . 30 grains.
Sulphuric acid . . . . . q. s.
Glycerin . . . . . 12 drachms.
Water . . . . . 5 ounces.

Mix. Three injections to be given daily.

—*N. Y. Med. Jour.*

Depurative Drops.—

℞ Tincture of iodide . . . . 4 grammes.
" " nux vomica . . 1 gramme.
Fowler's solution . . . . 1 "

M. Five drops in the evening, in sweetened water, to patients with syphilis complicated with scorbutus, and in cases of lupus where we suspect a syphilitic origin. Every day the dose is increased till fifteen drops is reached, which dose should not be passed.—(*Journal de Méd. de Paris*).—*Can. Pract.*, July.

Boroglyceride. — Have had several chronic suppurating buboes, which, the patient claimed, resisted all manner of treatment for about two years, but which promptly yielded to boroglyceride fifty-percent. solution and alcohol, used in the manner stated above.

In cases of gonorrhœa and gleet, this agent, with carbolic acid, used as an injection, will be found quite efficient and reliable. Out of ten cases treated recently, eight are pronounced cured, and the remaining two marked progress ; also where the urethra is subjected to irritation from passing a bougie, sound, etc., a weak solution used as an injection will be beneficial to allay the inflammation thus produced.—*Phila. Med. News.*

OPHTHALMIC.

Extraction of a Dislocated Lens.—Dr. David Webster, of New York, reported to the Amer. Ophth. Soc. at its 21st Annual Session the case of a patient who received a blow on the right eye. This was immediately followed by loss of sight. Examination showed that the lens was dislocated. No treatment was recommended at that time. Some months later pain suddenly appeared in the injured eye. The lens was found to be cataractous and incarated in the pupil. Cocaine was applied, but did not relieve the pain. Atropine relieved the pain. Later the lens became loose and was found in the vitreous. The tension was normal. It was decided to remove the lens. The bident was passed back of the lens, pressing it forward. The incision in the cornea was then made and the lens removed with a spoon. The eye was dressed with absorbent cotton, and recovered without complication.

Dr. H. Knapp thought that in these cases there was not much difficulty in removing the lens, which could often be accomplished with the loss of very little vitreous, but the danger came in afterward from inflammatory complications ; and where the sight was lost he thought it better to enucleate the eye at once, and thus lessen the dangers of inflammation.

Dr. Williams, of Cincinnati, agreed with Dr. Knapp that enucleation was the best procedure.

Dr. Agnew thought that the bident might also be useful in the removal of foreign bodies from the interior of the eye. He did not acquiesce in the view that enucleation was a simple operation. He regarded it as a serious mutilation.

Dr. C. H. Williams, of Boston, thought that there was another alternative than those mentioned, and that was eviseration of the eye, and closure of the anterior opening with sutures. He thought this better than enucleation, and it gave a better stump for the artificial eye.—*N. Y. Med. Jour.*, July 25th.

Ectropion of Upper and Lower Lid, Blepharoplasty by the Italian Method.—Dr. Richard H. Derby, of New York, read a paper on this subject at the Amer. Ophth. Soc., based upon a case in which, in consequence of a severe burn in childhood, there was complete ectropion of the lower lid, the upper lid was everted and its margin firmly adherent to the region of the brow; the eyelashes and eyebrow intermingled. The eye from constant exposure was the seat of frequent inflammation. About the eye and over the entire half of face, including the right half of forehead and temple was dense, firm, cicatricial tissue. For the relief of this condition there was no tissue which could serve for sliding flaps, and the tissue adjacent to the eye was so devitalized that a Wolfe's operation offered little prospect of success from the nature of the tissue which would surround the transported flaps. It was, therefore, determined by Dr. Derby to make a blepharoplastic operation according to what is known as the Italian method. The patient was a strong man and assented to the proposed operation which was done under ether. An incision was made along the margin of both upper and lower lid within one *mm.* of their edges. The incision was carried deeply enough to free both the upper and lower lids from their firm attachment. The margins of the lids were scored with the knife and then united by sutures. To fill this space now made over both upper and lower lid a flap four *ctm.* wide and eight *ctm.* long was dissected from the anterior and inner surface of the biceps region of the arm on the same side with the operated eye. This flap was divided by a linear incision in its length leaving two thirds for the upper and one third for the lower lid. The arm was now carried up to the head and put in position with the forearm extended over the head and there secured by bandage. The flaps were secured in place. The arm was then made fast by water-glass bandages. Four days later the pedicle of the flap was cut through and the arm released. No accident followed. The patient has now a good upper and lower lid and fully protected eye.—*Phila. Med. News*, July 25th.

Treatment of Corneal Infiltration with the Actual Cautery. — Dr. H. Knapp, of New York, read a paper on the above at the last Amer. Ophth. Soc. The use of the actual cautery, he remarked, in destructive corneal processes, was introduced by Dr. Martinache, of San Francisco, in 1873; by the introduction of cocaine it has received a new impetus. Recent publications on the subject by Drs. Nieden, Schweigger, Grüning, and others, recommended its use. Dr. Knapp has used it, under cocaine, in nineteen cases. The majority were cases of pustular keratitis; one with hypopyon was that tedious form known under the name of scrofulous band. The recovery in this group of cases was rapid and highly satisfactory. Four cases of ulsus serpens, one deep with a high degree of hypopyon, were treated. The latter was cured in five weeks, the others were benefited, though their recovery was not so rapid. In a case of acute suppuration of an old prolapse of iris, a single cautious application of the actual cautery did not prevent the development of panophthalmitis so common in such cases. In two cases of beginning suppuration of the edges of a cataract extraction wound, the application of the actuul cautery, proposed by Abadie, had no apparent effect, the milder case recovered, the severer one developed into panophthalmitis.

Dr. Knapp, from the study of the incidental literature, and from his own, though yet limited, experience feels confident that the actual cautery will prove of great value in ophthalmic therapeutics.

Drs. E. Williams and O. F. Wadsworth obtained good results by applying carbolic acid (pure) to the ulcers.

Several members stated that they scraped away the destructive tissue, and in this way brought about resolution. — *Phila. Med. News*, July 25th.

Extraction of the Lens in its Capsule.—Dr. D. B. St. John Roosa, of New York, said, at the Amer. Ophth. Soc., that for the past three years he had been in the habit of removing the lens in its capsule, in a large proportion of cases without iridectomy. The section was made as usual, but large. After puncture and counter-punc-

ture were made, the knife was turned on its back so that it rested on the iris. It was then moved up and down two or three times until the lens was seen to move; then the section was completed, and the lens could usually be removed without loss of vitreous. Sometimes after the operation the iris was rolled under, but in many cases the pupil was circular. Dr. Roosa had performed the operation between thirty and forty times, and was satisfied with his success.—*N. Y. Med. Jour.*, July 25th.

Cause of Corneal Opacity following Instillations of Cocaine.—Dr. J. Craft, of Cleveland, O., offers an explanation of the evil results sometimes observed to follow the continued employment of cocaine after operations upon the subconjunctival tissues. He recalls the fact that the drug acts not only as a local anæsthetic but also as an excitant of the vaso-motor nerves, causing a marked depletion of the vessels of the part. "Now I can readily see that in an operation upon an eye in which the conjunctiva is healthy and its vessels scarcely discernable, this second action might be overlooked. And the repeated application of cocaine, to relieve any pain subsequent to the operation, might occasion such absolute depletion of the vessels as to produce turbidity, and finally even necrosis of the cornear from lack of nutrition. Atropine instilled into the eye reverses this state of affairs; vaso-motor irritability is overcome, reaction ensues, and the turbidity of the cornear clears up. Such, I conceive, from my experience with cocaine, is the cause of the unpleasant effects recently reported." Dr. Craft suggests that the artificial production of anæmia may be prevented without impairment of the anæsthetic effect, by the addition of a little atropine to the cocaine solution.—*N. Y. Med. Record*, July 4th.

Proptosis and Optic Atrophy.—Mr. Marcus Gunn showed the Ophthalmological Society of the United Kingdom a living specimen of symmetrical enlargement of the upper half of the face, with proptosis, optic atrophy, and anosmia. The patient was a female, aged twenty-two, married. About eleven months ago neuralgia in both temples and vomiting set in, when the patient was two months pregnant with her first child. The neuralgia had continued. The sight of the left eye began to be dim two months before her confinement in February last. Two days before the birth of the baby she became quite blind in the left eye, and remained so for one month, when the vision gradually improved until June 5th, when she again became suddenly blind in this eye. The day after the birth of the baby she became suddenly blind in the right eye, and continued so for a fortnight, when the vision of that eye steadily improved. Two months before confinement the face became slightly swollen and the eyeballs prominent; these symptoms considerably increased. The patient had disliked the sight of objects of a blue color. There was no history of fits or syphilis. The face was pale and puffy; there was prominence of both eyeballs and swelling of the upper part of the face, very marked in the eyelids. The deformity of the face was bilaterally symmetrical. There was apparently some thickening, and marked tenderness over the whole of both superior maxillary bones, and over the ramus of the jaw on both sides, and especially near the zygomatic processes. There was complete anosmia. The pupils were of medium size; the right was active to light, the left barely so. Both optic discs were atrophied; the veins were large and rather tortuous. There was no albuminuria. The patellar reflexes were normal. Facial paralysis set in suddenly on July 3d. Antisyphilitic treatment had been of no avail.—*Brit. Med. Jour.*, July 11th.

Hygiene of Student's Eyes.—Dr. Hemenway, of Kalamazoo, read a paper upon the above subject at the Mich. State Med. Soc. He said that from the continued use of the eyes at near vision, myopia, congestion, and inflammation of the eyes, atrophy of the coats posteriorly, and even soft cataract may result.

To keep the eyes in good condition they should be used at near and distant vision alternately.

They should be used less at near vision by those in poor health and by the young, than by the strong, vigorous, and more advanced in age.

Those who are obliged to use their eyes much at near vision should have a pair of suitable convex lenses, and as soon as pain or a tired feeling about the eye give indication that the organs are being overtaxed, the spectacles should be used. By use of such lenses the eye is put in a state of rest,

and myopia and other troubles may be prevented.

Myopia when once acquired can never be cured.

The general health must be cared for, especially the alimentary canal. The eyes will not do good work while the system is not in good condition. As soon as ocular disease shows itself, it must be carefully treated.—*Phila. Med. News*, July 18th.

Epithelioma of Eyelid Removed by Applications of Benzole and Calomel.—Dr. A. Mathewson, of Brooklyn, read a paper on this case at the late Amer. Ophth. Soc.:

The patient, aged fifty years, suffered with a tumor on the right lower lid, which was first noticed as a wart-like growth three years before, latterly rapidly increasing and presenting a new granulating surface covered with an easily removable concretion. Careful microscopic examination by an expert showed it to be an epithelioma. By frequent dusting of calomel on the raw surface, over which had previously been painted the common benzole, the growth entirely disappeared. A few months ago a small granular elevation made its appearance at the edge of the cicatrix, where the first growth developed. Similar treatment produced like results.—*Phila. Med. News*, July 25th.

Operation for the Removal of a Dislocated Crystalline Lens.—Dr. C. R. Agnew, of New York, related the steps of the operation to the Amer. Ophth. Soc. as follows: The pupil was dilated, and the patient was then etherized and cocaine was applied. The eye was secured with fixation forceps. An instrument resembling a two-pronged fork, which was termed a bident, was introduced into the vitreous chamber behind the dislocated lens, pressing it forward. Section was then made and the lens removed. The eye was dressed with absorbent cotton and a black silk bandage. Antiseptic solutions were used, and a four-per-cent. solution of cocaine was applied twice a day. The eye recovered without any unpleasant symptoms. The speaker did not claim that all dislocated lenses should be removed, but this instrument facilitated the operation when it was required.—*N. Y. Med. Jour.*, July 25th.

Lipomatous Ptosis. — Dr. H. S. Schell, of Philadelphia, read a paper on this subject at the Amer. Ophth. Soc., under which title he described cases of accumulation of fat in the upper eyelid. Four cases, all occurred in young women of 18 to 25 years of age. The patients were well nourished but not fat. The eyelids were so heavy that they covered one half or more of the cornea in spite of the greatest effort of the levator muscle.

Patients all sought relief on account of the deformity. The fat, drooping lids gave a disagreeable, and, at the same time, a somewhat sinister and sensual expression to the face. Cases were all operated on by making a horizontal incision the length of the lid, half way between the margin and brow, and dissecting out the fat, which lies between the skin and the orbicularis. The ptosis usually disappeared in from one to four weeks. In one case the affection returned, and in the second operation a considerable mass of fat was removed from the upper part of the orbit.—*Phila. Med. News*, July 25th.

Olive-oil as a Menstruum for Dissolving Cocaine for Application to the Eye.—Dr. Joseph A. Andrews, of New York, writes: "In addition to the occasional benefit derived from the use of oil dropped into the eye in recent abrasions from burns, and in other painful affections of the cornea in which atropia is indicated and cocaine may likewise be serviceable, the plan of dissolving the cocaine in oil seems to insure a longer contact of the remedy, and a smaller quantity is required to effect anæsthesia. Neither the salt of cocaine nor that of atropine is soluble in olive-oil, but the alkaloid dissolves readily in this menstruum without the addition of alcohol, it being only necessary to expose the solution for a few minutes to a gentle heat in a water-bath. Castor-oil is not a desirable menstruum on account of its irritating qualities; and the oleate of cocaine, for the same reason, is still more objectionable as an application to the eye."—*N. Y. Med. Record*, July 18th.

Mandragorine.—M. Crouzel (*L' Union Pharm.*) has isolated a body having all the properties of an alkaloid from the mandrake (Mandragora officinalis). This body forms a sulphate which is crystalline. A solution of this salt was found to have marked mydriatic effects on the eye of a rabbit.—*London Lancet*, July 11th.

AURAL.

Hearing Better in a Noise.—Dr. Samuel Sexton related to the Practitioners' Society of New York the history of a patient whom he expected to show to the members, but the inclemency of the weather had prevented his presence. The case began as a destructive inflammation of both ears from scarlet fever, while the patient was but seven years of age. In his youth he was quite deaf, but hearing began to return as he grew up to manhood. Finally he went as fireman on a railroad locomotive, and advanced to the position of engineer. For many years he ran an engine without there being any complaints made, and without regarding himself as deaf. But when the custom was introduced of examining railroad employés regarding their ability to hear well, he was dismissed. Being thus thrown out of employment, and having nothing to do, he drifted into the Eye and Ear Infirmary. On examination Dr. Sexton found that he could not hear a loud voice at a distance of only a few feet, and was unable to understand any thing which was said to him. But he made the statement that when on an engine in motion he could hear every thing; could hear better than the fireman, whose hearing was normal. But the moment he got off the train, and went to the company's office, he could hear nothing that was said to him.

The point of particular interest in the case was that which raised the question whether these people could be benefited by artificial drumheads to such an extent as to enable them to continue their vocation. He introduced an artificial drumhead into one ear of this patient, and much to his surprise the man was immediately able to hear ordinary conversation. The next time he returned to the dispensary the man had obtained a place as stationary engineer. A drumhead was then placed into the other ear, and he was enabled to hear with that ear.

Of course it was not in every case of deafness that an artificial drumhead would prove of benefit; indeed, the cases were few in which persons would be enabled by this means to continue their occupation, where it was necessary to hear well. It was only in cases in which the drumhead partially remained that such a device was of service.

Dr. Walker asked whether the drumhead was usually lost in cases where a man was able to hear better in a noise.

Dr. Sexton replied, not at all; in the greater number of cases of chronic catarrhal inflammation the drumhead remained. Where a patient heard better in a noise, the drumhead usually was present, but it was very loose; the equilibrium having been lost, there was consequent defect in the transmitting mechanism. In such cases, low vibrations, such as were experienced in a carriage or railroad train, drove the drumhead in, brought the ossicles close together, other sounds were taken up, and the subject was able to hear very well. In the case related, only the upper segment of the drumhead was present, which failed to drive the ossicles in except during the presence of strong vibrations.—*New York Med. Record*, July 25th.

Chronic Otitis Media.—W. W. Seely, M.D., Cincinnati, at the American Otological Society, concluded his interesting paper with the following:

1. That only experience of sufficient length of time (often lasting over months) in each case can determine whether treatment shall be continuous (daily) or interrupted,—*i. e.*, perhaps daily for a week, followed by an interruption of some weeks or months.

2. Only experience in each case can inform us whether treatment is to be entirely directed to the middle ear, or entirely to the naso-pharynx, or combined against both.

3. Only experience in each case can inform us whether injections into the cavitas tympani are called for. Under this head it was stated that direct medication, either of the middle ear or of the naso-pharynx, as routine treatment, was unwise till simple inflation had failed.

4. Mechanical dilatation of the tubes is rarely necessary or advisable. Only in extremely dry states of the tube is dilatation followed by much success.

5. Hearing-tests are not reliable, and hence patients with great deafness, great loss of bone-conduction, etc., should not be sent away till the test by trial has been gone through with.

6. Simple inflation failing, the greatest attention should be given to the naso-pharynx, even though it is in an apparently fair condition.

7. Syringing, douching, and swabbing

the naso-pharynx should be abandoned.—*Phila. Med. Times*, July 25th.

Affections of the Labyrinth.—Politzer's experience of treatment of internal ear by means of subcutaneous injections of pilocarpine is not encouraging. In syphilis of the labyrinth fair results were obtained from iodine internally, and from mercurial inunction. In hereditary syphilitic deafness with keratitis parenchymatosa the result of the pilocarpine was unsatisfactory. Only one case out of eight was cured. Pilocarpine was used in twenty-three cases of labyrinthine deafness, the etiology of which was obscure, and of these one was cured. Seven improved and fifteen were unaffected. In five cases of panotitis in which inflammation of the middle ear and labyrinth arose simultaneously, and ended in complete deafness, the pilocarpine treatment had no effect. Nevertheless it should be tried early, as Moos and Wolf both report good results from weak injections. In deafness from cerebro-spinal meningitis the effect of pilocarpine was *nil*, but Jacobson reports a successful use of the remedy in a case under his care. In ten cases of chronic sclerosis of the middle ear, with labyrinthine symptoms, one case only appeared to derive any benefit from the pilocarpine. Of two cases of perforated membrane and purulent catarrh of the middle ear, there was slight improvement in one case. The author used pilocarpine three or four times in two cases of acute inflammation of the middle ear without perforation, and records rapid improvement in them. A two-per-cent. solution of muriate of pilocarpine was injected hypodermically into the forearm daily in gradually increasing doses of two, three, four to six drops.

Politzer thinks that pilocarpine acts by removing exudations which might consolidate and form new tissue. The use of a solution of sulphate of atropia (0.03 in water 10.) will quickly stop any salivation, sweating, collapse, or vomiting that may occur. The number of injections varies from six to forty.—*Wiener Med. Blatt.*—*St. Louis Cour. Med.*, July.

Acute Myringitis.—Dr. B. J. Baldwin, of Montgomery, Ala., has recently seen two cases of acute inflammation of the membrana tympani which were speedily and effectually relieved by instillations of cocaine. The first case was that of a young lady who had suffered intensely for two days, obtaining no relief, from any of the ordinary remedies. There was a blister the size of a hemp-seed in front of the umbo The doctor had refrained from using cocaine, relying upon the assertion of Knapp that the drum-membrane was unaffected by this drug. However, he determined to try it at last, and was no less delighted than astonished to find the pain entirely relieved in six minutes after two applications. The blister disappeared and the ear was well in four days. The second case was that of a man, twenty-four years of age, an inspection of whose drum-membrane showed a tense, yellowish, transparent blister involving the posterior and superior portions. This disappeared in two days without having ruptured. The patient suffered agony for a few hours until a cocaine solution could be obtained, but within seven minutes after the instillation of a few drops of a four-per-cent. solution was entirely free from pain, and remained comfortable under repeated applications of the drug during the three subsequent days of active inflammation. Dr. Baldwin recognizes that two cases are not enough to base any positive conclusions upon, but he maintains that they are amply sufficient to controvert Knapp's statement to the effect that cocaine will not anæsthetize the drum head.—*N. Y. Med. Record*, July 4th.

Therapeutics of Otalgia and Otitis.—Dr. E. Gianpietro contributes the following notes to the *Arch. di Otojatria*, etc.:

1. *Otitis phlegmonosa.* The pain may be controlled by hypodermatic injection of muriate of morphia over the mastoid apophyses.

2. *Acute suppurative tympanitis.* Having resorted to myringotomy the flow of the exudation should be assisted by an irrigation with the following: boracic acid three parts, alcohol ten parts, distilled water 500 parts.

3. *Otitis media*, chronic without perforation: permanganate of potassium one part, distilled water 200 parts. Mix and dissolve. Inject a few drops every morning, carrying it well down by means of a catheter. It is also recommended to pencil over the mastoid apophysis with iodated glycerite of tannin.

4. *Otitis externa parasitica.* The formula recommended in the preceding case may

be employed, and after the instillation a few drops of a solution of one part of iodoform in fifteen parts of glycerine may be dropped into the ear.

5. *Otitis externa desquamativa.* Acid boracic one part, distilled water 200 parts. Inject into the ear; remove the desquamated epithelium, etc., with the spoon.—*St. Louis Cour. Med.*, July.

Sound Deadener.—J. Ward Cousins, M.D., London, F.R.C.S., writes: The little instrument devised for this purpose consists of an elastic air cushion, and is made in several sizes, to suit the varying capacity of different ears. As a sound deadener it powerfully modifies and reduces the intensity of sonorous vibrations, but it does not altogether suspend the sense of hearing. It can be instantly introduced into the aural orifice, and the deadening power can be regulated by the degree of firmness with which it is put in. It is very neatly made in flesh-colored vulcanite by Messrs. Maw, Son, & Thompson. The Sound Deadener has proved an excellent ear protector for artizans and other persons exposes to the injurious effects of sound. It is a matter of common observation that deafness is intimately associated with noisy occupations, and although individuals placed under the same conditions exhibit very different aural susceptibilities, still, as a general rule, persons who are exposed for a long period to loud and harsh sounds are sure to suffer more or less injury. At the present time about three hundred men are employed as boiler-makers and riveters at the Royal Naval Yard, Portsmouth, and out of this number very few can be found in possession of normal hearing power. As a general rule the men appear remarkably indifferent about their aural insensibility, and some even regard their deafness with satisfaction, as it reduces the distress caused by the constant concussion on the tympanic membranes. The Sound Deadener is also an excellent ear protector for swimmers and divers, and for all who suffer from aural disturbance after bathing. It forms a shield which effectually prevents the entrance of water into the ear, and, when used for this purpose, it has proved invaluable to many patients laboring under aural delicacy and chronic disease. It has also been worn with great comfort by many suffering from abnormal aural sensibility, associated with general nervous depression and debility; and by railway travellers and other persons unable to sleep in consequence of the disturbance and confusion produced by continual noise. It can be used as an ear protector during exposure to the blast of explosives, or severe cold or wind; and it forms an elegant substitute for the old-fashioned and unsightly plug of cotton-wool.—*London Med. Times*, July 11th.

Anæmia Tympani.—Prof. S. R. Percy, New York, prescribes, where the drum looks too white and is too dry, the local application of glycerine to the membrane daily to induce exosmosis.

After a couple of weeks substitute bals. Peru, i.–ii. gtt. in vaseline 3 i. Mix thoroughly, and apply daily with a brush.

Molasses may be substituted for glycerine for dry mucous membrane, both in ear and eye.—ED. ANALECTIC.

Otorrhœa.—Dr. Bürkner recommends an ointment of one part of red precipitate to fifteen parts of vaseline in the treatment of furuncles and granulations in the external auditory canal. In the case of profuse and fetid suppuration of the middle ear he employs irrigation with a one-per-cent. solution of corrosive sublimate, and later an instillation of a one-to-five-hundred solution of sublimate in alcohol. In a number of cases of chronic suppuration of the middle ear treated in this way, a cure was obtained in about one half. The author insists upon the necessity of caution in the use of this substance in order to prevent its passage through the Eustachian tube into the pharynx.—*Jour. de Méd. et de Chirurgie Prat.*—*N. Y. Med. Record*, July 18th.

Wounds of Membrana Tympani.—Dr. Gorham Bacon, aural surgeon of New York Eye and Ear Infirmary, reports seven cases of traumatic injury to the tympanic membrane. Where there is no discharge he does nothing, but where he finds pus, insufflates boracic and gives calcium sulphide grain $\frac{1}{10}$ four times daily.—*Western Med. Rep.*, July.

Earache — Eustachian Atomization.—By blowing a four-per-cent. solution of cocaine, atomized, into the Eustachian tubes by Valsalva's method, Dr. Henry Reder, of Aurora, Ill., succeeded in relieving a case of earache after hot water, leeches, and paracentesis had failed.

DERMAL.

Eczema of Spinners and Weavers of Flax.—Professor Leloir has observed in his clinic of cutaneous and syphilitic diseases at the Hospital St. Sauveur, of Lille, in 1884 and 1885, a disease of the skin as yet not studied, and peculiar to spinners of flax. This affection is situated upon the hands, and is symmetrical, though the left hand is more often attacked than the right; the internal surface of the thumb, the external and palmar surface of the index, the cubital and palmar border of the hand and of the little finger are the parts most affected. In some cases, the hands and the fingers may be invaded in their entire extent. It is an eczematous dermatitis; it may take on several types; it is sometimes an erythemato-vesicular eczema, more or less confluent; it is sometimes a vesiculo-pustular, sometimes a squamous eczema; it may be a dry lichenoid eczema, with thickening of the derma and fissures of the epidermis, the horny layer of which takes on, at certain points, a notable development. Pruritus is constant, but quite variable in intensity; there exist certain functional troubles, such as stiffness of the hand and fingers. This affection is peculiar to artisans who work in flax when wet, and is due to the prolonged action upon the hands of a hot, viscid water, charged with impurities removed from the flax, and containing a quantity of salts of lime much less than that existing in natural water—all conditions which facilitate maceration of the epidermis.

The treatment of this affection, when once developed, consists in the suspension of the work and the application of the means used in ordinary eczema. As to prophylaxis, it will be found of advantage to renew the water as often as possible, and to add to it the lime-salts lacking. The workers should smear their hands with glycerine during their work, and carefully wash them when they have finished.—*Jour. Cutan. and Ven. Dis.*, July.

Diseases of the Skin of Reflex Nervous Causation.—Wm. T. Corbett, M. D., L. R. C. P., London, Professor of Dermatology in the Wooster University, Cleveland, Ohio, read a paper on the above at the *Ohio State Med. Soc.*: He spoke of two distinct varieties of neurosis cutanea, one the senso-neurosis, in which the characteristic symptom is a disturbance of the sensation unaccompanied by any visible lesion. The second variety is the trophoneurosis, which is characterized by anomalies of nutrition. Pruritus is a representative senso-neurosis and is a disease *sui generis* and not a mere accompaniment of cutaneous inflammation. Pruritus of the palms and soles is usually met with in females having some mild ailment of the uterus of long standing. Pruritus of the scalp, at times accompanied with a sense of weight, is met most frequently in women having a subinvoluted uterus or a ruptured perinæum. Pruritis vulvæ unaccompanied by a vaginal discharge is a symptom of pregnancy; less frequently it precedes each menstrual flow. Adult males subject to constipation suffer severely from pruritis in the genito-anal region.

The reader then reported six interesting cases in a complete manner. In conclusion he said: The most marked tropho-neurosis coming under his observation have closely simulated eczema. Unlike eczema, the eruption whether papular, vesicular, or squamous remains as such throughout its entire course.

Derangements of the sebaceous glands have been spoken of previously in this connection. Next to the eczematous group they are the most frequent.

Senso-neurosis, *cæteris paribus*, are more frequently associated with conditions of a mild nature, functional disturbances, nerve irritation, and the like, whereas trophoneurosis, *cæteris paribus*, more frequently accompany pathological conditions of a graver import, for example, nerve lesions or gross destructive changes in the cerebro-spinal substance, although we must admit that the latter also are not infrequently due to functional disturbance alone.—*Boston Med. and Surg. Jour.*, July 9th.

Hydrastis for Skin Diseases.—Dr. Shoenmaker, who is already known as having introduced several valuable remedies for cutaneous disorders, now advocates the use of a fluid extract of hydrastis as a topical application and for internal administration. Its local action is that of an astringent and stimulant. No doubt it acts beneficially in some cases, by forming a protective film against the injurious effects of an irritating atmosphere. It has been tried in many inflammatory affections of the mucous membranes, especially in

stomatitis. This liquid extract may be diluted with water, mucilage, oil, or glycerine. The preparation stains the clothes, but a hydrochlorate of hydrastis has been prepared which is said to be free from this objection. The hydroclorate is an odorless salt, and soluble in water, alcohol, oils, and fats. In some forms of eczema an ointment made of from five to twenty grains of hydrastis to the ounce of lard has proved of service.—*London Lancet*, July 11th.

Erythema Nodosum.—W. E. Buck, M.A., M.D. Cantab, Physician to the Leicester Infirmary. The raised patches of erythema nodosum, which are generally found over the tibiæ, are sometimes very painful, and are usually slow in receding. I have acted in accordance with the belief that this disease is due to inflammation of the lymphatic vessels and spaces, and that it is more closely allied to erysipelas than to any other disease; I have, therefore, treated it antiseptically with sulphurous acid. In three cases, treated in this manner, I have met with marked success, the pain being relieved, and the patches rapidly subsiding.

My method is to soak lint in a mixture of equal parts of fresh sulphurous acid of the British Pharmacopœia and hot water, heated to boiling-point; the lint is then wrung out, and placed over the patches. When it cools, it is changed for another piece.—*Brit. Med. Jour.*, June 27th.

Vitiligo.—Dr. R. Harvey Reed, of Mansfield, at the Ohio State Med. Soc., read a paper on vitiligo. This, he said, was a disease so rare, that Dr. McCall Anderson in an analysis of 11,000 cases found only four of vitiligo. This disease was most completely described by Duhring. Treatment in the essayist's hands had been very unsatisfactory. Under the supposition that it was of nervous origin he had given the hypophosphites. Friction, massage, electricity. and stimulating lotions had all had their trials. He hoped his paper would call attention to the subject and cause its elucidation. Until more light appeared, he would consider it a purely nervous disease, under protest.—*Boston Med. and Surg. Jour.*, July 9th.

Aqua Creasoti for Burns.—Dr. Squibb, in *The Ephemeris*, remarks that the officinal aqua creasoti, or creasote water, a simple one-per-cent. solution of wood creasote in water, is, like similar solutions of carbolic acid and of cresol, a most effective local anæsthetic and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid, or of coal-tar creasote, for this purpose, but it is quite as good, so that whichever is most accessible or most convenient may be used.—*N. Y. Med. Record*, July.

Balsam Copaiba in Burns. — Dr. Moxley recommends the local applications of balsam copaiba in burns, scalds, and frost-bites. It is as near a specific as can be obtained. The relief is immediate. The doctor says bicarbonate of soda or the white lead and linseed oil of Prof. Gross are not to be compared with it.—*Chicago Med. Times*, July.

Recurrent Exfoliative Dermatitis. —Dr. Graham recently presented to the Toronto Medical Society a case of recurrent exfoliative dermatitis. The patient, aged twenty-eight, had a severe attack of zona seven years ago. When recovering he was seized with exfoliative dermatitis. The present is the fifth attack, and they have all taken place in the month of April, and are preceded by a chill followed by fever. The exfoliation takes nearly two weeks to complete itself, and an interesting point is that it so closely resembles scarlatina, the absence of throat symptoms and the recurrence being the principal distinguishing marks.—*St. Louis M. and S. Jour.*, July.

Lupus Erythematosus. — Lassar (*Deutsch Med. Wochenschrift*) employs a Paquelin's thermo-cautery slightly heated and passes it superficially over the disease. Iodoform is then used as a dressing. If the first treatment is not successful, successive outbreaks are milder. In ten or twelve days the cicatrix appears smooth and pale. L. has also employed this method in rosacea and believes it applicable to all neoplastic diseases of the skin.—*St. Louis M. and S. Jour.*, July.

Scabies.—The following treatment is recommended by Dr. Comessati (*Pharmak. Zeit.* and *Journ. de méd. de Paris*, 1885, No. 14) as being easy and certain in its action. A solution is prepared containing four ounces of hyposulphite of soda in one pint of water, and the whole body is washed with it in the evening. The next morning the skin is sponged with dilute hydrochloric

acid (one ounce to the pint) ; sulphur, sulphurous acid, and chloride of sodium are formed, and the disease is, in most cases, cured by a single application.—*British Med. Jour.*, July 18th.

Tinea Capitis.—Dr. Boal recommends the oleate of copper for parasitic diseases of the scalp in which the parasite has penetrated the hair follicle. The oleic acid, carrying the copper, penetrates the habitat of the parasite and destroys it. The remedy is a specific. The doctor reports an unusually severe case which was perfectly cured in three weeks. The application is made twice daily and rubbed in gently. The doctor used an ointment composed of one part of the oleate to four parts of the cosmoline. — *Chicago Med. Times*, July.

Boroglyceride. — Most inflammatory diseases of the skin, especially those of an itching or burning nature, are greatly benefited by this therapeutic agent. — *Phila. Med. Times*, June 6th.

Pathology of Xanthoma.—In a very exhaustive paper on Xanthoma (*Viertel jahr. Schr. für. Dermat. und Syph.*) Dr. Touton concludes, from the examination of a large number of specimens, that it is a sharply defined neoplasm composed of elements that are heterologous to their locality and to the skin. It is most often multiple in form and contributes to the formation of mixed tumors. In this manner we have fibroxanthoma, sarcoxanthoma, myoxanthoma, etc. The only true retrograde process which he can find in xanthoma is cystic degeneration. He believes that the young cells depend, from their very beginning as pathological growths, upon fat which is most probably derived from their own protoplasm.—*St. Louis M. and S. Jour.*, July.

Permanganate of Potash Baths.—In June, 1879, a well-developed child, two years of age, was brought to Dr. Hüllmann (*Archiv. für Kinderheilk.*, Band vi., Heft 3), covered with eczema and impetigo. He had been sent from Berlin to Halle, to try the baths there, but after three weeks he was worse instead of better. He was, therefore, prescribed an immersion-bath of permanganate of potash, of the strength of fifteen grains to a pail of water, the child to remain in it until the fluid began to turn brownish. Fourteen days afterwards he was cured. Since then, Dr. Hüllmann has used the remedy both in adults and in children, and mostly with good effect. He has not confined its use to eczema, but has employed it also in prurigo, intertrigo, and the desquamating stage of measles, scarlatina, and varicella. When the skin is much covered with scales or scabs, it should be well brushed with soap-and-water first. For convenience of use, he keeps a concentrated solution made with hot water.—*Med. and Surg. Rep.*, July 11th.

"Moths" and Freckles.—The physician is frequently asked by lady patients for something that will remove "moth" and freckles. A writer in the *Pharm. Zeitung* says that a wash consisting of equal parts of lactic acid and glycerin will do the work, and is harmless when applied to the skin.—*National Druggist.*

TOXIC AND HYGIENIC.

Diet in Hot Weather.—The debilitating effects of prolonged high temperature are nowhere more markedly exhibited than in the gastro-intestinal tract. In infants and young children the great frequency of diarrhœa in summer, is not only due to fermentative changes wrought in their food, but also to the directly depressing effects of the heat upon their susceptible nervous system. The two elements of improper food and lowered nervous vitality must be considered by physicians in adults as well as in children, although the former do not suffer so seriously, or fatally, as the latter. What is the best kind of nourishment with which to tax the weakened digestive organs during a heated period? The answer is trite, and can frequently be left to the common sense of the patient. Unfortunately, however, as every physician knows to his sorrow, the possession of common sense in regard to eating and drinking is entirely lacking in many individuals. To such persons very explicit direction are necessary as to diet. In reference to environment, the prolonged heat of summer affords much the same conditions as obtain in the tropics, where the inhabitants instinctively subsist largely upon vegetables, consisting in a great degree of proximate principles found in the class of carbo-hydrates. Yet many people living in temperate regions continue materially upon the same diet in summer as in winter, and at a time when the atmospheric conditions

not only weaken the nervous mechanism of digestion, but curtail physical activity, use the nitrogenous diet that they craved in cool weather, and when taking abundant exercise.

To force albuminous foods in summer is but to surcharge the system with effete products, and overtax the excretory organs in their elimination. Meats, and particularly fats, may then be allowed to occupy a subsidiary place in the dietary, while a large variety of fresh vegetables will be more grateful to the heated body. Different fruits, especially those more or less acid, will likewise prove agreeable as well as healthful. Fresh fish may be relished when meats fail to tempt. In reference to drinks, buttermilk and kumyss may be noted as both refreshing and nourishing, and will frequently agree with a patient when ordinary cow's milk causes indigestion. The small amount of alcohol and slightly acid taste developed in kumyss will often make it acceptable to a stomach that rejects solid food. Indeed, it would be much better for persons overheated to take such drinks as are here mentioned, than to try from a sense of duty to force solids into a stomach that refuses to digest. While ice-water is refreshing and cooling, the enormous quantities indiscriminately consumed cannot fail to do harm. A mouthful slowly swallowed will be found more satisfactory than a gobletful hastily drained. Alcoholic drinks had better be very sparingly indulged in ; if they are taken, the light, dry wines will answer best.—*N. Y. Med. Record*, July 25th.

A Practical Lesson on Dirt and Death.—The town of Plymouth, in Pennsylvania, has been the scene of an epidemic of typhoid fever fearful in the extreme. Out of a population of some eight thousand about one third have suffered from the disease. The local physicians have been unable to attend the sick, and so volunteers have been called for. The origin of the epidemic is clear. The town is situated on the alluvial soil of hills, which slope toward the river. The water supply has become polluted to an extreme degree, and Professor Kedzie reports it the very worst drinking water he ever examined. The town has no sewerage system. Hence, all the water polluted by being used for household and other purposes is left to find its own way through the soil to the river. The epidemic seems to have been imported from Philadelphia. A person visiting that city contracted typhoid fever, and after his return to Plymouth the disease broke out. While sick he was in a house above the reservoirs, formed by damming the brook on its way through the town. From this, water is distributed by pipes to most of the town. The excreta of this typhoid fever patient were carried by rains, melting snow, etc., into the brook, and so to the reservoir, whence it was widely distributed. In support of this view is adduced the fact that many of the families obtaining water from wells were not attacked by the disease.—*London Med. Press*, July 1st.

Poison Found in Book Covers.—Book publishers, it seems, cannot enter a plea of not guilty when accused of the prevailing vice of adulteration, as the following case will prove: A child in Troy, N. Y., while playing with a box of water colors, looked about for a plate, and used a book cover to rub the paints upon. After a while he was seized with a convulsion, and a physician sent for. After repeated efforts and a number of convulsions, his life was saved. The physician made an analysis of the book covers and found aniline and arsenic present, and so reported. The writer does not state how the poison was absorbed into the system of the child, but it must have been through the mouth and by the fingers.—*Med. Summary*, July.

Thein vs. Morphia.—It has been discovered, by experiments with dogs placed under the influence of morphia even to coma, that the hypodermic injection of solution of thein is an almost instantaneous antidote, neutralizing the effect of the narcotic and reviving the animal after the action of the heart has become imperceptible. Caffeine possesses similar properties, but is less immediate in its operation.—*Louv. Med. News*, July 18th.

Lead-Poisoning—New Symptom.—M. Du Moulin (*Rev. de thérap.*) has discovered a new and valuable diagnostic symptom of lead-poisoning. This symptom, which was found in all the cases examined by him, consists in the production of a black stain in the epidermis, due to the deposition of the sulphide of lead, and can be obtained at will by applying to the skin a five-per-cent. solution of the sulphide of sodium or the sulph-hydrate of ammonia.—*Med. Bulletin.*

A Human Sulphide.—A celebrated Parisian belle, who had acquired the habit of white-washing herself, so to speak, from the soles of her feet to the roots of her hair with chemically prepared cosmetics, one day took a medicated bath ; and, on emerging from it, she was horrified to find herself as black as an Ethiopian. The transformation was complete ; not a vestige of the "supreme Caucasian race" was left. Her physician was sent for in alarm and haste. On his arrival he laughed immoderately, and said : "Madame, you are not ill ; you are a chemical product. You are no longer a woman, but a *sulphide*. It is not now a question of medicinal treatment, but of simple chemical reaction. I shall subject you to a bath of sulphuric acid diluted with water. The acid will have the honor of combining with you ; it will take up the sulphur, the metal will produce a *sulphate*, and we shall find as a *precipitate* a very pretty woman." The good-natured physician went through with his reaction, and the belle was restored to her membership with the white race.—*Popular Science News.*

Unvarying Weight an Evidence of a Sound Constitution.—Let me here refer to this matter of variation in weight. Many persons will be met with who have a wide range of what may be called normal weight. I never like to see this symptom, for it seems to me that those persons who lose flesh so rapidly cannot be made of very good stuff. A person whose flesh is solid, and who is living a correct life, should maintain pretty nearly the same weight summer and winter, varying, perhaps, from three to five pounds. Persons will however be found whose weight varies twelve or fifteen pounds at different periods of the year. With such persons I have observed that sickness goes hard. On the other hand, loss of weight in them is not to be regarded as of such serious moment as it would be in a person who was thoroughly in training, and whose flesh was solid and well organized.—(Prof. Pepper.) *Phila. Med. Times.*

Substances Used in Adulterating.—Cocculus indicus in beer and rum.

Paris green—emerald green—in wall papers, candy.

Cupric sulphate in pickles, preserved fruits.

Cupric carbonate in sugar, tea, candy.

The chromate salts in custard powder, sugar candy, and ice cream (cheap).

Plumbic oxide in cayenne pepper.

Plumbic carbonate in sugar, candy, flour.

Ferric carbonate in pepper and tea.

Mercuric sulphate in sugar, candy, and pepper.

Ferric sulphate in redried tea leaves.

Cayenne in gin, rum, ginger, mustard.

Sulphate of lime in flour, bread, candy.

Sulphuric acid in vinegar.

Strychniæ in lager beer.

Gentian and soap in lager beer, and in ale and porter.

I am prepared to submit these facts and to substantiate the same by analysis.—(L. G. Doane.) *Med. Summary*, July.

New Reaction for Digitaline.—The difficulty of distinguishing by chemical methods between various alkaloids has always been very great. This difficulty, where forensic matters are concerned necessitates in many cases the employment of vivisection in order to subserve the ends of justice. Digitaline may be certainly recognized chemically by the following method, according to M. Lafon : If a trace of digitaline be treated with a mixture of sulphuric acid and alcohol, of each one part, and if to this mixture a drop of ferric perchloride be added, a beautiful greenish-blue coloration is developed, which lasts for several hours. The most favorable conditions for the reaction are the following : Use a very small quantity of digitaline ; dry the substance with a very small quantity of the mixture of sulphuric acid and alcohol, and warm slightly until a yellowish tint appears ; then add the drop of ferric perchloride, which should be allowed to spread out. This reaction is peculiar to digitaline, for M. Lafon has tested the whole of the alkaloids and glucosides usually employed in therapeutics. Morphine produces with ferric perchloride the blue color, but this only occurs where the reagents are neutral. Digitaline prepared at Darmstadt by Merck, neither in its crystalline nor in its powdered condition, gave the above reaction; so that there is a marked difference between some German digitalines and the French alkaloids, a difference which is said to be shown in the varying solubility of the alkaloids as well as by the physiological effects. Chloroform dissolves but little of the German alkaloids. MM. Laborde and

Duquesnel have recently pointed out the different physiological effects of digitaline according to the source of the alkaloid.—*London Lancet*, July 4th.

Cabs and Infectious Diseases.—In Glasgow, last week, the parents of a child who had been suffering from scarlet fever, and who had sent the child in a cab a month after the beginning of the illness, and while the child was desquamating, were prosecuted at the Sheriff's Court for the offence. They pleaded guilty, and were fined 7s. 6d. each. The Sheriff commented in most suitable terms on the gravity of the offence, and on the danger that came from people using cabs for the conveyance of persons suffering from infectious disorders. —*British Med. Jour.*, July 4th.

PARTURIENT.

Credé's Method of Delivering the Placenta.—It will be conceded by all physicians that the conduct of the third stage of labor is frequently the most important duty of the accoucheur. The great importance of thoroughly emptying the uterus of all the secundines is sympathized by the prevalent ideas of the septicæmic origin of puerperal fever. After the pains and trepidation of the second stage of labor are over, the relief and satisfaction experienced by the patient and friends are frequently in contrast with the annoyance of the physician at the non-appearance of the placenta, coupled with an uncertainty as to the most desirable manipulation to hasten its delivery. That much harm may be done by making excursions into the uterus, particularly with fingers not thoroughly antiseptic and by violent massage of the abdomen, cannot be doubted. The method of expectancy that will patiently wait, perhaps for hours, until unaided nature expels the placenta, finds scant favor in this bustling country. Although certain Germans, having continual fear of puerperal septicæmia, may be willing to wait with folded hands great lengths of time, we fancy the average American physician would find it equally difficult to restrain his own as well as the patient's uneasiness at undue delay. Some means or other being employed to hasten the emptying of the uterus, it may be well to notice particularly what constitutes the method of Credé, as many books and writers are rather obscure upon this familiar subject. Simple kneading of the abdomen and more or less severe pressure over the uterus, do not, as supposed by some, constitute Credé's method. The object of Credé being only to assist nature, all violent and unnecessary manipulations are to be discountenanced.

As soon as the second stage of labor has been completed, the accoucheur must aim to effect a loosening of the placenta by encouraging the uterus in tonic contractions, and this is best accomplished by "gentle stroking movements over the largest possible surface of the uterus." When *clonic* contractions begin, by which agency the placenta is to be expelled from the uterus, this organ is to be grasped by the outspread fingers and hand, and pressure be made at a time when each contraction reaches its greatest energy. The pressure upon the uterus is to be made in the direction of the hollow of the sacrum. Sometimes in this manner the placenta will be expelled from the uterus with the first contraction, and nearly always by the sixth or seventh pain.

Credé considers that if the placenta has not been delivered within thirty minutes, the case is no longer physiological, but pathological. It is thus seen that this method aims to imitate and aid nature in getting rid of the afterbirth, by exaggerating the contractions with which this is to be accomplished. Indiscriminate kneading and pressure in the interval of the normal clonic contractions are forbidden as unphysiological and wrong. Credé aims to expel the placenta, having the membranes intact, without manual interference within the genital organs. In an article in the *American Journal of Obstetrics*, Dr. Baruch, after reviewing the different plans of managing the third stage of labor, including a thorough description of Credé's method, concludes that the latter should be better understood and practiced by American physicians. He would, however, somewhat modify the last stage of the proceeding by placing two aseptic fingers within the vulva to impede the too rapid descent of the placenta, which is held within the vulva, or partly within the vagina, until the uterus recedes. The mass is then gently removed until the membranes are put upon the stretch, being held in this position while the index-finger gently presses against the membranes, near their placental attachment, until the uterus relaxes its hold upon

them, and the whole mass drops. By this plan it is endeavored to insure a complete removal of the membranes.—Editorial, *N. Y. Med. Record*, July 25.

Vesicle Troubles After Childbirth.—Being called in consultation by an intelligent practitioner to examine a woman recently confined, attention was directed to the condition of the bladder by the constant escape of urine in small quantities. As the soft parts were much contused and lacerated during the passage at the child's head, a vesico-vaginal fistula was suspected by the attendant, who, however, had failed to introduce a catheter to verify such an assumption. The patient was suffering severe pelvic pain, but did not locate it in her bladder. She was a very corpulent woman, and the condition of the organ was difficult to make out by palpation. Introducing a catheter, the writer drew off over three quarts of highly-offensive ammoniacal urine, which had remained pent up in the viscus some three or four days. The relief to the patient was immediate, and no further trouble was experienced. The medical attendant was surprised at this result, as he had mistaken an incontinence from retention for a leakage through a fistula. It is not uncommon to find vesical troubles in females after childbirth due to temporary loss of the expulsive power of the bladder from pressure during the passage of the child's head.—(From Editorial.) *Md. Med. Jour.*

Ecbolic Action of Pilocarpin.—The important action of pilocarpin in the production of premature labor has already been recognized by some writers, and a few cases have been placed on record. Dr. E. Quintavalle has recently had an opportunity to test this action, and obtain a most satisfactory result. The case, presenting many points of interest, has been published in the March number of *Il Morgagni*.

Quintavalle recommends the use of hypodermic injections of pilocarpin to induce premature labor, for it improves the chances of both mother and child; and we know the dangers of the ordinary processes, and the great repugnance to their application. *Amer. Pract.*, July.

Rupture of the Perineum.—Dr. Edgar Duke, Isle of Wight, writes: In your issue of the 27th ult., is an annotation under the above heading. Any satisfactory statistics of the results of definite lines of treatment of this structure are very valuable. Every practitioner who examines his patients carefully at the time of delivery will agree with Dr. Manton as to the frequency of rupture in primiparæ. The fact that only two cases of rupture occurred after episiotomy in 957 primiparæ seems very successful, but it would be interesting to know in how many of these cases the operation was performed. But a few years ago Dr. Alexander Duke, of Dublin, advocated the dilatation of the perineum by inserting two fingers into the vagina and making traction upon the perineum during pains. I would go further than he, and recommend the use of all the fingers in some cases during the latter part of the second stage of labor. In fomentation we possess a means, seldom resorted to, of successfully softening the perineum, and of making it more dilatable, whilst adding greatly to the patient's comfort. If the perineum is freely annointed on both its surfaces with lard, and fomented with diapers wrung out of very hot water frequently changed, and kept in position by a second diaper whilst judicious traction is made upon the perineum with the fingers towards the end of the second stage, the perineum will be found in some cases to dilate satisfactorily, and the necessity of episiotomy will be avoided.—*London Lancet*, July 11th.

Complications in a Midwifery Case.—Jas. Vincent Fitzpatrick, L.K.Q.C.P.I., etc., New Swindon, Wiltshire, writes: The subjoined case may be deemed worthy of record in your pages. Some weeks ago I was called to a midwifery case some miles distant. On my arrival it proved to be a primipara. I found the legs, arms, and body generally swollen, together with the right labium, the latter being quite as large as a child's head. Scarcely any water had been passed for some days. On examination, the head could be felt low down in the pelvis. I punctured the labium in several places, applying warm flannels, and gave a hypodermic pilocarpine, one tenth of a grain (Wyeth's compressed tablets), ordering a strong lead lotion to be sprinkled on the warm flannel and applied to the labium, also an aperient mixture, combined with a diuretic, giving instructions to the

nurse not to encourage labor, in order to allow the labium to recover its normal state before the passage of the head. I examined a small quantity of urine which had been passed a few hours previously, and found it highly albuminous. Next day I learned that the patient had passed an incredible quantity of water about five minutes after using the hypodermic injection. The nurse said she thought "she would never stop." She quite recovered, and in a couple days gave birth to a healthy child, never having a bad symptom since, and at present is quite strong.—*London Lancet*, July 11th.

Constituents of Ergot of Rye.—An advance has been made in our knowledge of the constituents and action of ergot of rye (*vide* Kobert, *Archiv für Exper. Pathol. und Pharmacol.*, Band xviii., p. 316). The practical result is, that the extractum secalis cornuti of the pharmacopœias is most unfitted for causing uterine action, for it contains only ergotic acid. Pure ergot of rye, undeprived of oil, and gathered in the autumn, is to be recommended. There are three chief physiological constituents in spurred rye. The first is ergotic acid (which forms most of Dragendorf's sclerotic acid). This substance does not set up ergotism, but, in frogs, it causes paresis and anæsthesia; the animal may be made to appear dead for a week, and circulation still going on. Ergotic acid might apparently replace curare in experiments. Chronic feeding with ergotic acid causes no symptoms of any sort in rabbits, but hypodermic injections cause incoördination, general paresis, and death from paralysis of respiration. Sphacelic acid comes next, a resinous looking non-nitrogenous body. Given to fowls this may cause the comb and wattles to become black and dry, even in a few hours a true gangrene being set up. This is due to excessive contraction of the arterioles, causing extremely diminished blood-supply and hyaline thrombosis. After a fatal dose, retching, diarrhœa, and vomiting set in, with ataxy, and death may be due to tracheal obstruction. If the animal survive, much larger doses will now be required before the same symptoms are repeated. Long feeding with it caused loss of the wing in one fowl, the general health being undisturbed. A remarkable thickening of the skin was also noticed. The third pharmacological element is a basic substance cornutin. This is not identical with the wholly inoperative "ergotin" of Tanret, but forms the main constituent of ergot of rye after its oil has been removed. It causes death with convulsions in animals. The irregular contractions which it sets up in the uterus (gravid or not) have nothing to do with the true uterine tetanus consequent on taking large doses of secale cornutum, and which is to be ascribed to sphacelic acid. Cornutin causes convulsive ergotism. Sphacelic acid causes gangrenous ergotism. Why sometimes only sphacelic acid develops in spurred rye, while, again, cornutin is almost the only constituent, is unknown.—*British Med. Jour.*, July 4th.

Prolapsus of the Vagina Preceding Labor.—O. O. Simpson, Logansville, Ga., writes: On the 21st of November last, I was called to see a colored woman, aged thirty-five, who had been in labor for fifteen hours. She had been attended during the entire time by a midwife.

On my arrival the midwife informed me that there was "something wrong." She stated that the patient had not urinated for ten hours, and that she thought the afterbirth was trying to come away first.

On examination I found a large tumor presenting at the orifice of the vagina, extending about three inches beyond the labia. This tumor proved to be the prolapsed vagina. The midwife informed me that during the pains the tumor would project five or six inches. After satisfying myself of the nature of the case, I placed the woman in the knee-chest position and replaced the prolapsed vagina. I could then, without difficulty, pass my finger up to the os, which I found dilated very little. The woman was very much exhausted. I placed her in the left lateral position, with her hips slightly elevated, and gave her one-fifth grain of morphia hypodermically. She soon fell asleep and rested for nine hours, when she was aroused by the return of the labor pains. She was kept in the position in which she had been placed until the uterus was well dilated, when she was allowed to turn on her back, and was soon delivered of a fine, healthy child.

This case, to my mind, shows clearly the value of morphia hypodermically in protracted cases of labor.—*Atlanta Med. and Surg. Jour.*, July.

Cocaine in the Treatment of Sore Nipples.—Herrgott (*Ann. de gynéc.*) sums up his experience as follows: 1. All the women with sore nipples who came under observation were able to give suck without pain after a four-per-cent. solution of cocaine hydrochlorate had been applied to the nipple. 2. The condition of the nipple was improved, and, where the cracks were not deep, they disappeared rapidly. 3. Cocaine should be used whenever the nipples are sensitive, in order to prevent fissures, the latter being often due to a shrinking movement on the part of the mother whenever the child seizes the breast.—*N. Y. Med. Four.*, July 4th.

Puerperal Diarrhœa.—For the diarrœa often attendant upon puerperal septicæmia, Prof. Parvin recommends the following:

℞ Ol. ricini . . . . . 3 j.
Tinct. opii,
Ol. terebinthinæ . . . . āā gtt. v. M.
SIG.—Take pro re natâ.

—*Col. and Clin. Record.*

GYNECIC.

Keloid of the Breast.—John Gason, F.K.Q.C.P.I., Rome, writes: At the present time I have under treatment in the Protestant Italian Hospital in Rome an interesting case of keloid. The subject is a woman seventy-five years of age, on whom I operated thirteen months since for the removal of scirrhus of the entire left breast. In November last I visited her at her home. She complained of an eruption resembling urticaria, accompanied by much irritation and fever, close to, but not on the cicatrix, which was completely healed. This eruption took place on both sides of the transverse incision. There was then ten or eleven of these raised wheals or button-like eruptions. When they first appeared they were of a light red color, convex on the upper surface, firm and smooth to the touch, no pain on pressure, but attended with considerable irritation. At the present time there are eleven of these buttons of keloid existing on both sides of the transverse incision for the removal of the cancer, but not in contact with it, though some of them run into the others. They are of a round shape with well-defined margins, except where they join with the others, of a firm consistence, much raised, some about an eighth of an inch above the adjoining skin. The centre of each button of keloid is much darker than the exterior. They resemble very much in their appearance large buttons. She complains at times of irritation in this eruption. She has no fever, but since their appearance she has not been quite well. Her tongue very foul. Appetite bad. She sleeps well. Within the last week there is a considerable diminution in their size. They continue to be very hard, and are much flatter than they were. She is at present taking ten minims of Fowler's solution of arsenic three times a day.—*London Med. Times*, July 11th.

Uterine Reflex.—James H. Aveling, M.D., Senior Physician to the Chelsea Hospital for Women, writes: The patient whose case is here briefly narrated is a married lady aged thirty-eight, with a family. She is very intelligent, and has no history of hysteria or other nervous disorders. In October, 1884, one of her children struck her left eye with the back of his head. Six weeks after she felt something wrong with the eye. She also had noises in the ears, and tenderness of the nose, and pain at the back of the head when she stooped or had the bowels moved. Her speech also was affected. She hesitated and stammered when she spoke. These symptoms lasted and gradually got worse from December, 1884, to March, 1885, when she had three blisters on the back of her neck. The pain in the head now became constant, and caused sickness. During these three months the patient, besides her own medical man, had the advantage of receiving the advice of the following eminent members of our profession: Mr. McHardy, Mr. Couper, Mr. Hulke, Dr. Morell Mackenzie, Mr. Power, Mr. Cumberbatch, and Dr. Ferrier.

On March 22d the patient spoke to her medical attendant, Mr. Robert Mathews, of other symptoms which she had felt for a long time, but which she had not mentioned because she thought they could not have any thing to do with her head troubles. She then described herself as having a constant feeling of weight in the pelvis, as if something were coming down, and that she cculd only pass a small quantity of water at a time with great effort. This statement induced Mr. Mathews to make an examination, when he found "extreme

anteversion of the uterus, with a full bladder, the fundus of the uterus resting on, and making as it were a bed for itself in the bladder." He replaced the uterus, emptied the bladder, and, to his surprise, all the head symptoms disappeared. The relief, however, was only temporary, for the symptoms returned when the uterus fell forwards into its abnormal position. At the suggestion of her husband, she tried the plan of lying with her hips raised on a high pillow, and when in this posture the head symptoms were relieved.

In April Mr. Mathews asked me to see the case, with the view of mechanically rectifying the position of the uterus. I found laceration of the perineum and os-uteri, the latter being sufficiently patulous to admit the tip of the index finger. The uterus was large and congested, low down in the pelvis, and acutely anteverted, its fundus pressing on the neck of the bladder.

April 20th.—The patient having come to London I replaced the uterus and retained it in position by one of Dr. Graily Hewitt's cradle pessaries. When I visited her the next day I found all the head symptoms gone. Eye, ear, nose, and head were perfectly well and the speech free from hesitation or stammering. The only trouble left was the vesical, and this was due to the pessary which did not quite fit. After trying one of Thomas's anteversion pessaries without success, I introduced a smaller cradle pessary, and no further trouble with the bladder has been experienced.

The patient returned home, and on June 3d I heard from her. She wrote: "I am quite comfortable and perfectly free from any kind of pain."—*London Lancet*, July 4th.

Oleate of Manganese.—Dr. Franklin H. Martin, of Chicago, says, that since manganese first received notice in this country as a menstrual stimulant, and as a remedy in functional amenorrhœa, menorrhagia, and metrorrhagia, it has been a formidable problem to the minds of therapeutists and pharmacists to get it into an acceptable shape for administration. He has therefore had an oleate of manganese prepared, to be used as follows:

Of a twenty-per-cent. solution of the oleate, I should recommend that one drachm be applied to the abdomen of the patient, and its absorption promoted by friction produced by vigorous rubbing of the surface with the palm of the hand or with the fingers. The rubbing should be continued until the oil has entirely disappeared by absorption. In cases where it is found impracticable to apply it to the abdomen on account of tenderness, it may be applied to the spine or the inner surfaces of the thighs.

In cases of amenorrhœa it should be applied, if possible, every night for a week preceding the expected menstrual period, or at the time the menstruation is due, and until it makes its appearance. In cases of menorrhagia or metrorrhagia it can be applied in smaller quantities every night until the desired effect is produced.

I am very anxious to see the profession give this preparation a good trial, because if there is any great value in this drug, it can only become popular as a remedy in some such unobjectionable form.

The oleate was prepared as follows: A solution of sulphate of manganese was made in distilled water, and to it a solution of sodium oleate was added. On mixing these two solutions gradually and with constant stirring, a precipitate of oleate of manganese resulted. This precipitate upon heating changed to a putty-like mass. This was thoroughly washed several times with warm distilled water, to remove the sodium sulphate, and the resulting putty-like mass was the pure oleate of manganese. This oleate, when dissolved in oleic acid to the required per cent., is ready for use.—*N. Y. Med. Record*, June 27th.

Antiseptic Curette.—Dr. Noeggerath presented to the N. Y. Obst. Soc. a curette, the handle being a tube for the conveyance of an antiseptic fluid from a syringe or irrigator during the operation of curetting the uterine cavity. In a great many cases of curetting there was no urgent necessity for antiseptic treatment, but there were other cases in which it could not be dispensed with; those, for instance, in which there was sepsis two or three weeks after miscarriage, parametric or perimetric inflammation, or mucous fibroids in which the currette was employed to remove the hypertrophic condition of the membrane. He had recently employed the curette, with a stream of bichloride-of-mercury solution running through it into the uterine cavity, in a case of extreme sepsis after miscarriage, and the temperature fell almost immediately afterward.—*N. Y. Med. Jour.*, June 27th.

Ruptured Perineum.—This subject has been occupying the attention of Prof. Carstens, of Detroit Medical College, and we are indebted to him for some very important facts connected with the successful treatment of a freshly-ruptured perineum. It is well known that failure not unfrequently follows the operation when made upon the patient immediately after her accouchment. Dr. C. has observed that this failure is due to the infiltrated state of the tissues, which rapidly subsides, and leaves the sutures loose and allows the edges to separate. To overcome this difficulty the writer waits for twenty-four hours before introducing the sutures, and then secures the silver sutures by a compressed shot, having previously placed some five or six shots on the wire. Each day he tightens the ligature and clamps the last shot, thus securing perfect coaptation till union has taken place.—*Canada Med. Record*, July.

Uterine Catarrh.—Dr. H. C. Howard, of Champaign, Ill., in speaking of iodoform, says he finds that in so-called endometritis or uterine catarrh, that a suppository composed of one half drachm of finely powdered iodoform with one ounce of the butter of cocoa, acts very beneficially. The ointment will keep in a shallow jar, and two to five grammes may be introduced by means of a thin silver tube, about one fifth of an inch in diameter, with a closely fitting piston. This tube is eight inches long. By contracting the piston to a depth according to the required suppository, it is then filled by forcing it into the ointment. The tube is then passed into the uterine cavity, where the suppository is deposited by simply pushing down the piston. This preparation melts quickly, and causes no pain, in these respects being preferable to the gelatin pencils often used.—*Misc. Valley Med. Monthly.*

Uterine Fibromata and Castration.—Dr. Wiedow, a docent in the University of Freiburg, contributes some statistics on the above subject to the *Archiv f. Gynæk.*, Bd. 25, H. 2. The cases embraced in his paper number 149 ; 15 died in consequence of the operation—certainly rather a high percentage—10 per cent. Some months after the operation 76 could be considered as cured, whilst in 52 others, after the lapse of a year, a decided improvement had taken place, either in diminution in the size of the tumor, or in lessened hemorrhage. He considers fibro-cystic and pediculated sub-serous tumors of the uterus unsuitable for the operation. Myomotomy here affords the only effective treatment. Removal of the Fallopian tubes *alone* is not a proceeding to be recommended.—*London Med. Press*, July 8th.

Lochia in Prognosis.—The researches of Lafevre, published in *Thése de Paris*, show that where the lochia is inodorless there are no micro-organisms present ; but in proportion, as the lochia becomes fetid in that proportion micro-organisms become numerous. Hence it follows, that so long as the lochia remains inodorless there is no danger of septic influences ; but when it becomes foul puerperal poisoning is imminent and it becomes necessary to combat it. —*Chicago Med. Times*, July.

Aletris Farinosa.—This plant, which belongs to the order of the lilies, has been used for a long time in South America for pleurisy and all kinds of cough. It contains a bitter principle, which is a tonic in small doses and a powerful emetic and cathartic in large doses. Drs. Duncan and Johnson have employed the drug in a large number of cases of dysmenorrhœa, amenorrhœa, and menorrhagia with much success, and they regard it as a powerful uterine tonic, far superior to the other remedies employed in uterine disorders. The have used a fluid extract in ten-minim doses three times a day. It has been found to be useful in certain cases of sterility.—*London Lancet*, July 4th.

Resolvent Ointment for Chronic Inflammation of the Uterus.—Martineau (*Union Méd.*), employs the following rather complicated formula :

Potassium iodide		75 grains;
Extract of belladonna, Tincture of benzoin,	each	30 "
Sodium hyposulphite . . .		8 "
Oil of sweet almonds . .		2 drachms;
Benzoinated lard		6 "

To be applied to the cervix on tampons. —*New York Med. Jour.*

Leucorrhœa.—The following is a capital application in *leucorrhœa* (Prof. Bartholow) :

℞ Iodoformi . . . . . ʒ j.
Acidi tannico . . . . . ʒ j. M.

SIG.—Pack q. s. about the cervix.

—*Col. and Clin. Record*, July.

Iodoform as an Antiseptic in Gynecological Practice.—Gynæcologists have for some years past been in the habit of using iodoform as an antiseptic coating for uterine tents, also in cases of endometritis, puerperal septicæmia, and as a palliative and to correct the fœtor of the discharges in cancer of the uterus and rectum. It is not only valuable in removing the fœtor, but also in aleviating the pain and suffering in these distressing affections.—*Canada Lancet.*

PEDIATRIC.

Cholera Infantum.—In the treatment of this perilous affection Eustace Smith says it is better to abandon all attempts to introduce food into the stomach as long as the vomiting and purging are frequent and severe. We should content ourselves with allowing the child to drink freely of iced water, for stinting of liquid in these cases is not only cruel but injudicious. As soon as the irritability of the stomach has lessened, a teaspoonful of white-wine whey may be given every half-hour, but no milk of any kind should be given for several hours. Medicinally, the remedy which Dr. Smith considers to be the most valuable is morphia, administered hypodermatically. For a child of a year old one thirtieth of a grain may be used, combined with five or six drops of ether, to be repeated in an hour if the symptoms continue. If this treatment be instituted before exhaustion has set in, the vomiting and purging are almost immediately arrested without any narcotism being produced. If the child unfortunately be not seen until it is in the stage of collapse, it should be placed in a warm mustard bath for five minutes, and from ten to thirty drops of brandy administered at short intervals until the warmth of the extremities is restored. A strong mustard plaster placed over the heart will often be of service, and the subcutaneous injection of ether may prove to be an invaluable stimulant in this critical period.—*Med. Bulletin*, July.

Balfour's Chloroma.—Since Balfour in 1834 described chloroma, ten cases have found a place in medical literature; though of these one is somewhat doubtful, and may have been anæmia or pernicious anæmia. An eleventh case has lately been observed by Gade in Christiana. The subject was, as is invariably the case, a child, a little girl of five years old. The first symptoms were deficiency of blood, a tumor of the left cheek, toothache, otorrhœa, singing in the ear, deafness, and exophthalmos, which gradually increased. Afterwards fever and extreme prostration supervened, and she died in about two months. At the autopsy, numerous yellowish-green tumors of fibro-sarcomatous structure were found in many different parts of the body, more particularly on the periosteum. They were found also on the dura mater, in the liver, colon, lateral ligaments, and kidney, and even in the marrow of the long bones. On the legs a number of dark spots were seen, some of which contained a soft greasy substance. The origin of the greenish coloring matter was thought by Otto, and Gade agrees with him, to be in the fat granules, numbers of these being found in the cells, and so to be independent of both bile coloring-matter and hæmatin.—*London Lancet*, July 11th.

Vegetation of Pharyngeal Vault.—Dr. Cresswell Baber, of Brighton, England, calls attention to the fact that these adenomate are as well removed by the finger-nail, which should be ⅛ inch long, as by instruments. He was successful in eighteen cases. His method is to scrape them vigorously with his finger nail once a week, for three or four weeks, when they have usually disappeared. The naso-pharynx must be inspected once weekly thereafter for a time, to note recurrence. The first scraping usually produces considerable hemorrhage. The method is originally that of Guye, of Amsterdam. I have myself succeeded in curing two cases after this method. The finger should be protected from the teeth of the young patients, those vegetations always occurring in children. They are soft and friable and their rupture by the finger nail causes them to suppurate away. In one of my cases they hung like stalactites from the vault, and were numerous enough to cause great deafness and almost total occlusion of the posterior nares.—*St. Louis M. and S. Jour.*, July.

Foreign Bodies in the Nasal Fossa of Infants.—DEAR SIR: In your specimen copy of MEDICAL ANALECTIC I met a brief account of "Foreign Bodies in the Nasal Fossa of Infants," to which I would add a treatment that always has an *immediate and perfect* result.

Have the child held in the arms of an adult, the body in a horizontal position, and surroundings as pleasant as possible, as though nothing was intended to be done. Attract the attention so that it will look upward and backward; the mouth will then naturally fall open, and if not, *slightly* press the chin downward. Then press *lightly* upon the ala of the *free side* of the nose, so as to make perfect closure, and, taking a deep breath, apply your mouth to the mouth of the child, *and blow with all your might.* If slate pencil, bean, or any other foreign body is present, it is sure to come.

Yours respectfully,
H. S. LEFFINGWELL, M.D.
88 Wisconsin St., Milwaukee, Wis.

Counter-Irritants Suitable for Children.—The following is an excellent counter-irritant, mild in its effects, and especially adapted to the treatment of children:

℞ Oleum tiglii . . . . . ʒ i.
Ether sulph. . . . . ʒ ij.
Tr. iodine . . . . . ʒ v. M

Another good counter-irritant, which is stronger, will be found in the following:

℞ Oleum tiglii . . . . . ʒ ij.
Ether fort. . . . . ʒ vj.
Tr. iodine . . . . . ʒ ij.
Potass. iodide . . . . . ℈ i.
Iodine re-sub. . . . . grs. x.
M. SIG.—Counter-irritant.

—*Md. Med. Jour.*, June 13th.

Bronchitis in Young Children.—It is premised that the same general rules apply to the treatment of all serious lung inflammations in children; depletion being usually unsatisfactory as to its results, antimony and veratrum viride also being unsuitable in most cases, while leeching is occasionally admissible at the beginning of an attack. A jacket-poultice of flaxseed meal, with a small quantity of mustard, and covered with oil-silk, is highly approved, and may be continued in position twelve hours or more. Ammonia salts may be given internally, but should be repeated frequently, as their effect is transitory. Oil of eucalyptus, oil of turpentine, and syrup of garlic are very useful in the later stages of the disease. Milk punch, quinine, and digitalis are usually indicated for tonic and stimulating purposes. In suffocative catarrhal bronchitis, especial stress is laid upon the value of hot and cold water, dashed alternately upon the chest, and followed by immersion into very hot water.—*Ther. Gazette.*

Bronchitis Infantilis.—For a child with *bronchitis*, Prof. Bartholow prescribed:

Lemonade to be drank freely.

℞ Syrup. picis . . . . ʒ j
Ammonii iodidi . . . gr. ij. M.
SIG.—Every four hours.

—*Col. and Clin. Record*, July.

Eclampsia Infantilis.—Nitrite of Amyl is strongly recommended in eclampsia infantilis. Three drops are put on a handkerchief, and the little patient inhales and is relieved.—*Canadian Pract.*, July.

Entero-Colitis.—Dr. Wilson, in a case of chronic entero-colitis, suggested the following plan of treatment—the patient being four years old:

Rub over abdomen. which is greatly distended, ʒ ss. ol. morrhuæ, *bis die.* Before applying, the oil should be slightly heated.

Diet—Expressed juice of meat and milk containing pancreatin.

A teaspoonful of whiskey in milk, twice daily, was advised, and of bismuth subnitrate, gr. iij., four times daily.

Twice daily, a suppository, as follows, was ordered:

℞ Pulv. opii. . . . . gr. ½.
Quininæ bisulph. . . . . gr. ij. M.

—*Col. and Clin. Record*, July.

Fetid Diarrhœa in Children.—Dr. O. Bogouche recommends pure resorcin dissolved in castor oil, which obviates the toxic effects of resorcin being produced on the system as when the drug is given alone. For children above four years of age 7½ grains of resorcin may be given in castor oil, ʒ iv. to ʒ vi.—*Georgia Ecl. Medical Jour.*, July.

Catarrh of the Intestines.—A child with catarrh of the intestines was given, by Prof. Bartholow:

℞ Bismuth. subcarb. . . . . gr. v.
Creasote . . . . . ♏ ½.
Ft. emulsion.
SIG.—Every three hours.

—*Col. and Clin. Record*, July.

Mercurial Inunction for Infants.—Dr. Macnaughton Jones states: "I have never seen the course of mercurial inunctions, secured by rubbing in small pellets of mild mercurial ointment into the soles of the feet or the groin at stated intervals, until the stools manifest its therapeutical

action, do an infant harm. Let the child be but properly supported, and kept warm during the administration, and no ill effects can arise."—*London Practitioner.*

Caution in Treating Infants.—In lecturing upon diaeases of children, Dr. Atkinson said : "Do not give a baby pills ; better give powders or suppositories. Do not blister a young child or use leeches. Do not bleed a child."—*Cin. Lancet and Clinic*, July 25th.

SURGICAL.

Uses of Iodoform.—Iodoform is used largely by Billroth and others in the Vienna clinics. Iodoform gauze is the favorite application after operations, especially about the face and throat, in compound fractures, and resection of joints. Billroth claims that iodoform possesses anti-tuberculous properties in addition to its antiseptic qualities, and consequently employs it freely in all joint diseases of a scrofulous character. After resecting and removing all diseased bone, the cavity is packed with iodoform gauze. The gauze is used in the same way in the treatment of compound fractures and abscess cavities Strips of the gauze are packed in alongside the fragments of bone, and in abscess cavities, until the space is completely filled, and over this is placed layers of iodoform gauze, and this dressing allowed to remain for several days.

One very effectual method of applying iodoform to an ulcer or wound is by atomization, by means of a spray producer, of an ethereal solution made by dissolving one part of iodoform in from seven to ten parts of ether. Evaporation of the ether takes place in a few minutes, leaving a thin film of iodoform evenly distributed on the surface of the wound. Another very convenient method, when it is desirable to introduce it into a sinus, or abscess cavity, is to inject a solution of one part of iodoform to ten of glycerine, after the cavity has been well washed out.—*Canada Lancet*, May.

Intracranial Hydatid.—Mr. H. Lupton described a case to the Midland Med. Soc. The patient, a girl aged thirteen, had noticed a swelling on the head for about twelve months, which, after discharging purulent material, subsided and refilled again repeatedly. Mr. Lupton at first thought he had to deal with a suppurating cyst, and proceeded to operate with the intention of dissecting out the cyst-wall, but no cyst was to be found ; the bone was rough, and an aperture was felt through into the skull. The hole was just large enough to admit the tip of the little finger ; and when the finger was withdrawn, it was followed by an ounce or two of fluid, and about a dozen daughter-hydatids. The cavity was washed out and drained, daughter-cysts occasionally came away, but, in about a month, the cavity ceased discharging, the hole in the skull closed up, and the girl perfectly recovered. The site of the perforation was close to the occipital protuberance.—*Birmingham Med. Rev.*, June.

Lympho-Sarcoma of Tongue.—The paper which Mr. Hutchinson contributed to the Royal Medical and Chirurgical Society on Tuesday last was one of much clinical and pathological interest. The case was that of a medical student who had had a morbid condition of the tongue, if not from birth, at all events from early life. The morbid condition would appear to have been one which, with Mr. Hutchinson, we may regard as a "congenital mole," having a tendency also to a nævoid condition. Such hypertrophies of lingual tissues are not in themselves of very rare occurrence, but they are nevertheless of much importance as clinical objects of study in addition to their pathological relations, and the remarks on their structure by Mr. Butlin and Mr. Barker were of much value. The chief point raised by the paper in question would appear to be the development of a sarcomatous tissue in the ordinary course of the life of this hypertrophic condition. To all appearances, the case which formed the chief part of Mr. Hutchinson's paper was one in which, in the first period of its existence, the disease had no malignant characters. And even later on, when the patient was first seen in London, there was nothing except the size of the tumor to excite much alarm about it. There was no ulceration, and no glandular affection. The removal of the very large, if not the largest, tumor of the tongue on record (weighing seven ounces), could only be effected by a division of the lower jaw, and preliminary tracheotomy. The operation was successfully accomplished,

and the patient enjoyed the next two years of his existence apparently in the best of health. The microscopical examination alone caused any ground for alarm, for such skilled microscopists as Dr. Klein, Mr. Butlin, Mr. Godlee, and Mr. Eve all testified to its sarcomatous nature. And they were right. At the end of two years the growth recurred at the cicatrix, and caused death by its rapid development. The case is one of much interest on account of the great size of the tumor, the great rarity of sarcoma of the tongue, and also as an illustration of the occurrence of malignant disease on the top of a congenital and apparently innocent hypertrophy of certain of the lingual tissues. — *London Lancet*, June 20th.

Hot Water in the Treatment of Open Wounds. — T. R. Varick, M.D., Jersey City, advocates that upon wound-surfaces water, of a temperature slightly below boiling point, be poured freely and continuously, immediately after the larger vessels have been tied, until all oozing is stopped, the parts are thoroughly glazed, and the red tint of the tissues is slightly deadened. The effect of this practice is to form a protective shield of coagulated albumen, to mitigate shock, and to accelerate healing in a marked degree. Since its adoption, the author has had no death from either primary or secondary shock, nor has he had a single case of septicæmia. —*Annals of Surgery*, June.

Exostosis of Mastoid—Dental Engine.—At a consultation at St. Bartholomew's Hospital, Mr. Morrant Baker showed a young woman with a small tumor growing from the base of the mastoid process; he expressed the opinion that it was probably an ivory exostosis, but that it should be left undisturbed unless the patient, who alleged that it caused her pain, persisted in desiring an operation to be undertaken. Mr. Savory agreed with Mr. Baker, and remarked that a history of local injury was, as in this case, often to be obtained in cases of ivory exostosis. Mr. Langton suggested that there might be less difficulty in removing it than appeared at first sight probable, as ivory exostoses were frequently mushroom-shaped, with a narrow pedicle. Mr. Howard Marsh thought an exostosis in that situation was more likely to be cancellous; and Mr. Harrison Cripps observed that, even if it were an ivory exostosis, there would probably be no great difficulty in removing it with a "dental engine"; in this opinion Mr. Bruce Clarke coincided. —*British Med. Jour.*, June 13th.

Tetanus.—M. Verneuil reported to the Académie de Médecine recently a case of traumatic tetanus successfully treated by the "rational method" of Prof. Julien, a treatment which consists in enveloping the patient in cotton-batting to the depth of three or four inches all over the body, placing him in a room from which all noise, light, etc., is shut out, and keeping him in a profound sleep, hypnotized by high doses of chloral hydrate, for a period of time varying from three weeks to a month. The suggestions of Prof. Julien were followed out to the letter, and the patient recovered. —*St. Louis M. and S. Jour.*, June.

Impacted Fracture of Femur.—Mr. N. P. Blaker read notes (Brighton and Sussex Med. Chir. Soc.) of a case of impacted fracture of the femur just above the condyles, following a fall on the knees from a horse. The patient, a lady of middle age, after being assisted into the saddle, rode seven miles home, and went up thirty-six stairs to her room by aid of a stick and the banisters. She then dressed and came down to dinner, and went back again in the same manner, but without bearing any weight on the left leg. On the third day, when seen in bed, there was much swelling of the left knee-joint, and the leg being known to be shorter than the right (in consequence of a former accident), fracture was not suspected. Next day, however, there was considerable displacement; the ends of the fractured bone were prominent, with crepitation, etc. It was presumed that the horizontal position favored the separation of parts previously impacted. Good recovery ensued after six weeks' application of a long splint, with a weight at foot. Dr. Uhthoff referred to a case of impacted fracture of the tibia which occurred at Guy's Hospital, and was not recognized by many until after the formation of callus.— *British Med. Jour.*

Aspiration in Diagnosis.—Mr. F. B. Jessett contributes an able paper on the use of the pneumatic aspirator as a means of diagnosis and treatment in disease. A history of the various modifications of the aspirator commences the paper; then cases are cited showing how valuable the aspira-

tor has proved as a means of diagnosis, especially in tumors of the abdomen. One case presented all the symptoms of abscess of the liver, but an aspirator was introduced in six different places with a negative result, thus proving the diagnosis of abscess to be incorrect. Another case reported was that of a lady who was supposed to have cancer of the liver, but Mr. Jessett thought it was only a collection of fæces, and treated the patient with large enemata, so that she was well in a few days. This case is recorded to show how the use of the aspirator would have led to a correct diagnosis in the first instance. As a means of treatment, the diseases in which aspiration may be employed with success are divided into five groups: 1—Fluids accumulating in serous cavities—that is, hydrocephalus, hydrarthrosis, pleurisy, empyema, pericarditis, and effusion into synovial cavities. 2—Fluids formed in deep parts of organs, abscesses in hydatid tissues of the lungs or liver, cysts of spleen, omentum, ovarian cysts, retention of urine, strangulated hernia. 3—Liquid formed within the cellular tissues of various regions, congestive abscess, bubo, perinephritic abscess, iliac or psoas abscess, peri-uterine abscess. 4—Collection of air or gases in cavities or organs; *e. g.*, pneumothorax, tympanites, and strangulated hernia. 5—Removal of débris from the bladder after lithotrity, and diagnosis of tumor in the bladder.—*British Med. Jour.*

Formidable Injury to the Hand.—This case (Conn. Med. Soc.) illustrated the recuperative power of nature in severe injuries. An Irishman, forty-four years old, had his hand drawn between two heated rollers, weighing two tons apiece, and revolving at a distance of one sixteenth of an inch apart. The dorsal surface was but little injured, as the lower roller was not very hot and was moving slowly. The palmar surface, however, was fearfully lacerated and cooked. The bones were badly crushed, and the fingers, with the adherent flesh, were not more than an eighth of an inch in thickness. The second finger was terribly lacerated, and the end nearly torn off. The patient and his friends absolutely refused to allow any operative interference. The parts were well drawn together and dressed with a solution of carbolic acid (1 to 40) which was renewed every fifteen minutes. Subsequently an ointment of carbolic acid (1 to 20) was substituted for the solution. The patient recovered with only two stiff fingers, the second and third. The bones never fully recovered from the flattening to which they had been subjected, and after three years were not more than three sixteenths of an inch thick.—*N. Y. Med. Jour.*, June 6th.

Tarsal Disease.—Mr. Taylor (Midland Med. Soc.) showed a cast of a foot, illustrating recovery after disease of the tarsus, in which the mid-tarsal joint had been largely involved. The internal cuneiform bone had been removed during the process of treatment, and the resulting cavity was thoroughly drained by a tube passed through the foot. After this was done, the improvement was marked and rapid. The foot had been free from any discharge for nine months, and the patient was beginning to use it again.—*Midland Med. Misc.*, June.

MISCELLANEA.

Osteo-malacie — Syr. Hypophos. Comp., Fellows.—This syrup contains the essential elements, potash and lime, the absence of which, in the system, becomes manifest by softening of the bones.

When occurring to nursing infants the syrup hypophos. comp. should be given liberally to the nurse or mother, so that the infant may be medicated while being nourished.

Cholera Infantine—Mellin's Food.—The value of this article has been thoroughly tested during the late heated term.

The inventor of a food for infants that prevents them getting bowel complaints, and sustains them through the trials of dentition, is entitled to special recognition.

The highest award gold medal has been granted to Mellin's food for infants and invalids at the late world's exposition held in New Orleans.

Uterine Displacements—Dawson's Supporter.—Physicians having need of employing a uterine supporter should send for Dawson's pamphlet, or address him for particulars, to his office, in Chicago.

It embodies certain principles of great importance and not found in many of the instruments offered. It is so arranged that the whole weight of the displaced or en-

larged womb is sustained by the hips, exteriorly.

Syphili and Scrofula—Fucus Marina.—Dr. B. Roemer, of St. Louis, Mo., believing in the alterative properties of fucus marina, has prescribed the same with gratifying results, and is pursuing his experiments. He says: "A success in these cases would do away with the annoying complications resulting from large doses of the iodide of potash."

The Dr. has also used the fucus marina, preliminary to giving quinine, as an alterative and a substitute for mercurials, and considers it especially called for in malarial cases with typhoid symptoms.

Marks' Artificial Limbs.—If those who are interested in ascertaining points on the relative merits of artificial limbs will address Mr. Marks, he will send a printed lecture on this subject, delivered at Bellevue Hospital by Prof. Lewis A. Sayre, than whom there is no better authority.

Malt Whiskey. — Prof. Harvey L. Byrd, Baltimore, gives a strong testimonial in favor of Duffy's malt whiskey.

This is only one, however, of many, upholding the excellence of this article.

The Duffy Co. offer special inducements to physicians, and if you must "take something to take" it is advisable to get the best malt whiskey and avoid rye with its adulteration of secale and dangers of ergotism.

Erythroxylon Coca and Vin Mariani.—On application, Mariani & Co., New York, will furnish, free, a complete and interesting essay on the above, translated from the French.

Every physician should read a copy of this essay.

Gestation—Vitalized Phosphites.—The demand upon the strength of the pregnant woman, to supply the materials necessary for the proper development of the child, *in utero*, is always great, and sometimes beyond her capacity.

The careful and observant physician will watch his *enciente* patients and prescribe the vitalized phosphites early during the term.

Sporadic Cholera—Nestlé's Lacterous Farina, or Milk Food.—Ziemssen's Cyclopedia of Medicine, vol. vii., says that "Regulation of the diet constitutes, in fact, the principal method of treatment," and when the mother's milk is inadequate recommends Nestlé's lacteous food.

The authority is admitted to be good enough for the majority of physicians.

Oxygen Gas.—As oxygen, pure, and in combination, has its uses, it may be of the utmost importance to know just where to send for some.

Chas. Beseler, of this city, will forward you full particulars, and if you will call at his office will show you the novelty air pump for listerian purposes.

New Remedies.—The Rio Chemical Co., of St. Louis, still press onward in the distribution of information regarding four valuable preparations, viz: Celerina, Aletris Cordial, Acid Mannate, and Pinus Canadensis. Their testimonials from prominent physicians are convincing enough to encourage the entire profession to give them all a trial.

Peptonized Cod-Liver Oil and Milk.—This peptonization business has completely discounted all manner of emulsions of cod-liver oil.

In the peptonized preparation the cod-liver oil and milk are completely digested and ready to be absorbed by the lacteals, but in an emulsion the oil is only "cut" and held in subdivision. It is the same disagreeable stuff, and ready to disagree with an ostrich's stomach, while the peptonized article has had the objectionable qualities removed outside in advance.

Since Reed & Carnrick have put the peptonized article on the market, emulsions are abandoned.

Life-Extending Water.—The *Lancet*, some time ago, published its dictum that "pure water is only to be obtained from natural sources."

Waukesha Glenn mineral water is claimed to pre-eminently rank as a pure product of nature, and its tonic properties cause it to be regarded as a most valuable dietetic agent during convalescence.

For particulars regarding the shipment of this water, and its uses, address the company at Waukesha, Wis.

Vomiting of Pregnancy.—Lacto-Peptine.—The sympathetic relations be-

tween the uterus and the stomach are so intimate, that it is not to be wondered at, that the processes of digestion are more or less interfered with during pregnancy.

Lacto-peptine, representing the natural digestive juices furnished by the stomach and pancreas, readily digests the food by its own powers of chemical solution, thereby relieving the stomach of the work.

Hence its value in sustaining and comforting the *enciente*.

Malto-Pepsine.—It being well-known to the profession that Tilden & Co., of New Lebanon, have never solicited patronage, unless they had some production worthy of the highest consideration, it has become accepted that their trade-mark and recommendation of an article is sufficient guaranty. Hence it is, that Malto-pepsine took a front seat at first and holds its own as a first-class alimentary tonic.

Yorkville Road Cart.—This vehicle is especially intended for country physicians. It is easy on the horse and does not shake the doctor into pieces, or jolt his saddle-bags into smithereens.

There is comfort in riding in it, as the arrangement of the springs is claimed to be such, that the movements, vertically, of the horse, are not communicated to the carriage.

Improved American Pocket Battery.—Kalamazoo, Mich., Feb. 25, 1884. The Electro Medical Battery Co.—Gentlemen :—After twenty years experience with batteries, large and small, and of various devices, I am free to state that the Improved American Pocket Battery is the most convenient and satisfactory of any I have ever used ; doing as good execution as the larger ones, and curing my patients as rapidly, which after all is the physician's desideratum. ROBERT KING, M.D.

Galvanic and Faradic Cabinet Batteries.—Messrs. Waite and Bartlett, manufacturing electricians, N. Y., carry an assortment of electric instruments among which may be mentioned, the Piffard Galvano-Cautery Battery for surgical operations ; electrodes for operating in the cavities of the body ; differential calorimeter for temperature diagnosis ; electric lamps and static machines.

Abdominal and Uterine Supporters.—Messrs. Hastings & Garson, Philadelphia, manufacture an assortment of supporters of the womb, with retroversion and anteversion cups.

These cups are sustained by web strips attached to an abdominal belt, all of which are illustrated in their circular—sent free.

Carnrick's Beef Peptonoids.—Now is the season that physicians experience the greatest difficulty in keeping up the vital powers of patients suffering from acute exhausting diseases. How to support the patient and bridge over the crisis of a disease, is always an anxious question to the physician, and more particularly is this true for the extreme depressing disorders of summer. The nourishment given must be highly nutritious and digestible. The stomach and bowels must have the least possible labor to perform, and the system must receive the greatest possible support. The nitrogenous substances must be employed to accomplish these ends ; and for this purpose the beef peptonoids have been prepared. These preparations have a pleasant odor and flavor. They can be kept any length of time and are easily prepared for use. The albuminoids contained in the preparation are easily and perfectly digested in the stomach. It is to the great quantity of these digestive albuminoids present, that the beef peptonoids constitute so valuable a nitrogenous food in these cases.—*Phys. and Surgeon.*

Mineral Earth Dressing.—This is composed of oxides of iron, calcium, magnesium, and aluminium, and is recommended by physicians in the treatment of cutaneous diseases, chronic ulcers, erysipelas, inflammations of joints, wounds, scalds, vaginitis, syphilitic lesions, and various erosions.

For pamphlet and sample, address National Pharmacy Association, Baltimore, Md.

Madame La Chapelle's Health Preserver.—This is the nattiest corset yet, and is finely illustrated, as is also the Hernia Corset.

Send for circular to White, Williams, & Co., Boston, Mass.

Nitric-Acid Diathesis Lithiated Hydrangea.—This preparation is certainly a scientific combination of fresh hydrangea and pure benzo-salicylate of lithia, two of the most efficient remedies known in the therapeia of kidney diseases. As many of these diseases arise from an

excess of uric acid in the system, and as this acid is neutralized by the anti-lithic action of Lambert & Co.'s compound, it is only necessary to give the intelligent practitioner these few hints.

Rheumatism — Comp. Mixture Guaiac and Stillingea.—Messrs. Griffith & Co., New York City, state that there is no opium, mercury, or gelsemium in this mixture, but they are all compatible, and may be added to it by the physician, according to his judgment.

This mixture is of a clear, very dark wine color, with a strong wintergreen odor and taste.

When exposed to a low temperature it becomes slightly cloudy, but upon being subjected to warmth, soon becomes clear again.

This characteristic is mentioned to guard against imitations.

Muscular Exercise, with Electric Currents.—Smith & Shaw Electric Co., New York, have perfected dumb-bells embodying an electro-magnetic battery, which admit of muscular exercise and electric quickening going on simultaneously.

This is a novel, and may be made a very useful, apparatus.

Diphtheritic Membranes—Pepsin.—Jensen's Pepsin is now recommended as a solvent of diphtheritic patches and membranes.

A hot solution, not above 130° Fahr., may be used as a spray every fifteen minutes.

Fevers, and the Clinical Thermometer.—Since the importance of ascertaining the temperature of the patient, promptly and accurately, in assisting our diagnosis, is admitted, the difficulty has been to get a thermometer which will always meet the requirements.

Mr. Barry, of New York, has attained such excellence in this line, that he finds it necessary to warn the profession against imitations of his thermometer. It must be good, or no one would want to steal it.

Molesworth's Dilators.—A glance at the inventor's illustrated catalogue shows a variety of tubes for dilating the os and cervix uteri; the urethræ, both male and female; sinuses; strictures of the œsophagus, vagina, and anus, and for purposes of tamponing.

There are also aspirator attachments, complete to fit the dilators.

Opium Habit.—Dr. Hamlen, of Auburn, will receive for private treatment all forms of opium habit.

He invites correspondence.

Wheel-Chairs.—M. Klein, Chicago, invites the attention of physicians to his adjustable iron operating chair.

Some who have tried it think no office is complete without one of these chairs.

Inebriates' Home.—This is located at Fort Hamilton, in a park of twenty-six acres, overlooking fine views of the Narrows and New York Harbor.

The Superintendent will respond to letters of inquiry.

Folding Chair.—This is the *chef-d'œuvre* of the New Haven Folding Chair Co., and is a cosy Yankee invention, combining the conveniences of a chair, a bed, and a carriage in one.

Invalids who would like to wheel themselves around the country should send for particulars as to price.

Surgical Instruments.—John Reynders & Co., N. Y., will send you a superb catalogue with 2,800 illustrations of all kinds of appliances and instruments, if you will send them fifteen cents postage.

Physicians' Supplies.—The doctor's horse should be treated occasionally to a new harness, not only for prudential reasons, but because the animal has sense enough to appreciate good clothes as well as his master.

King & Co., Oswego, N. Y., will tell you more about this, if you ask them.

Chronic Rheumatism—Pine Needle Extract.—Baths of this extract are recommended in rheumatic and neuralgic cases. For particulars—how to prepare and use—address the Gardner Pine Needle Extract Co., Sharon, N. Y.

Temperature Card.—Carey & Co., N. Y., supply a fine linen card to physicians, intended to record the details of the patient's condition, and is to be left with the nurse for reference.

Adjustable Chairs.—The Stevens Co., of Pittsburgh, ask to have their chairs examined by purchasers before deciding.

Their chairs are adapted to so many changes that their request seems reasonable.

Woman's Medical College.—Lady medical students can obtain the catalogue

of this institution by addressing the Dean, 128 Second Ave., N. Y.

Unguentum Cocaine.—This valuable lubricant for instruments and dressing for burns, sores, skin diseases, piles, erosions of the os, uteri, etc., is prepared by H. A. Cassebeer, Sixth Ave., N. Y.

The "Pallas" Syringe. — This is considered by many the most satisfactory syringe yet constructed for medicating and irrigating the vaginal tract.

Christian Jensen & Co. is the address, if you intend writing for it.

Physicians' Signs.—It is considered out of all manner of good taste to display a sign large enough to cover the side of a barn, and, *per contra*, it is the proper thing to condense the same.

This can be done now, and show off better than an election banner, if one orders his sign of the luminous kind, made at Keyport, N. J. Write to Morgan.

Foreign and American Mineral Waters.—P. Sherer & Co., New York, import over fifty varieties of mineral waters from the springs in Europe; and over thirty varieties from the most important mineral springs of America are also kept in stock.

Their facilities seem unlimited to supply the public.

They invite the coöperation of the medical profession in advising invalids to make judicious selections of the waters respectively suited to each case, and will furnish circulars free.

Phospho-Peptine. — Elixir Phospho-peptine is regarded one of the most elegant and agreeable preparations on the market, and peculiarly well adapted to cases of debility succeeding typhoid and other fevers, pneumonia, diphtheria, and other acute diseases, and in failing appetite of old age.

Each fluid-ounce contains 10 grs. combined phosphates, 4 grs. pepsin, and 2½ grs. of pancreatin.

Higgins, pharmacist, of Flemington, N. J., offers to send sample and circular.

Hypophosphites of Lime and Soda with Cod-Liver Oil.—This is the well-known "Scott's Emulsion."

The manufacturers, Messrs. Scott & Bowne, N. Y. City, claim to have thousands of unsolicited testimonials from physicians throughout the world endorsing the high therapeutic value of their preparation. They will forward the formula upon request.

BOOK NOTICES.

Urinary and Renal Derangements and Calculous Disorders—Hints on Diagnosis and Treatment.—By Lionel S. Beale, M.D., Fellow of the Royal College of Physicians and of the Royal Society, etc., etc. Philadelphia: P. Blakiston, Son, & Co., 1885.

This is one of the most instructive and interesting of the valuable writings which the pen of Dr. Beale has given us. His name, which for years past has been synonymous with the highest authority on urinary disorders, has gained added renown from this last work. This volume, written in his usual interesting manner, contains the result of much labor and original research. Especially fine are the divisions relating to albuminuria and to diabetics, also the very exhaustive chapter on urinary calculi and the disorders attendant thereon.

Brain-Work and Over-Work.—By H. C. Wood, M.D., Clinical Professor of Nervous Diseases in the University of Pennsylvania, Member of the National Academy of Science, etc., etc. Philadelphia: P. Blakiston, Son, & Co.

The Skin in Health and Disease.—By L. Duncan Bulkley, M.D., Attending Physician for Skin and Veneral Diseases at the New York Hospital, Out-Patient Department, etc. Philadelphia: P. Blakiston, Son, & Co.

Long Life and How to Reach It.—By Joseph G. Richardson, M.D., Professor of Hygiene in the University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son, & Co.

The publishers of the American health primers should be congratulated on the men whom they have secured to write this series of manuals, which teach so ably and well that which it is necessary and right for the public to know, concerning the rules which govern the preservation of life and health. These little books are not meant to supersede the functions of the physician, but in the hands of the intelligent laity, to make his task of keeping people well, easier.

In "Brain-Work and Over-Work" the causes of nervous trouble are set forth very clearly, and are an important feature. The author has a very happy faculty of writing good, sound sense in an agreeable and intelligent manner. A wide knowledge of this book among the laity would make many happier, better people.

In the book on "The Skin in Health and Disease," by Dr. Bulkley, the chapter on "care of the skin in health," will be found the most valuable. This author, though more technical than his confrères, still makes his work plain, instructive and interesting.

"Long Life and How to Reach It," will be a favorite with those who wish to know how to "grow old a while longer." We should like to emphasize the importance of chapter viii. on Baths, chapter x. on Food, and chapter xii. on Exercise. If the work contained only these, its worth would be great. A wide-spread knowledge of these little books would add much to the health and enjoyment of the people

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE

EDITED BY
WALTER S. WELLS, M.D.

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ZYMOTIC.

Treatment of Cholera During the Algid Period.—Dr. Georges Rigoletti (*Jour. de méd. de Paris*) attributes the principal symptoms of the algid period of cholera, such as lowering of the temperature of the exterior of the body, cyanosis, change of countenance, inextinguishable thirst, difficulty of respiration, epigastric constriction, hiccough, vomiting, muscular cramp, prostration, general collapse, and paralysis of the heart, to a lack of the normal proportion of water in the blood. Two indications correspond to the symptomatology:

1. To restore to the tissues their normal water, and to the blood its normal serum, in order that it may perform its functions.

2. To excite the nervous force and to stimulate the heart. To fulfil these indications Dr. Rigoletti proposes the hot bath, containing ammonia and wood ashes.

The bath is prepared with water of a temperature ranging from 100.4° F. to 104° F.; about one quart of aqua ammonia and a sufficient quantity of wood ashes. The duration of the bath is from fifteen to twenty-five minutes, and it may be renewed in the same day, and for many days in succession, according to the case. To avoid the ammoniacal vapors, the patient is so covered as to prevent their reaching the head. The patient on being removed from the bath, is covered with warm blankets, which favor and maintain reaction. Frictions with camphorated alcohol are also to be practised, and aromatic infusion of chamomile and spirits are to be administered. If the reaction come on too violently, it is to be moderated by ordinary measures. The efficacy of the bath is more prompt when the algid state is least advanced. The method was used in 1884 with much success in the epidemic at Naples, and the official report as to its value is as follows:

1. The hot alkaline bath administered at the beginning of the algid period stimulates the peripheral circulation and increases the power of reaction.

2. The nervous forces are strengthened; the patient is so much relieved that many times during the day he requests the bath; the constriction of the epigastrium diminishes and disappears.

3. The pulse, often imperceptible, is gradually strengthened; the features become more natural, and the face even sometimes becomes flushed. Anuria almost always ceases in the bath.

4. Diarrhœa continues, but the vomiting and hiccough disappear with the administration of the bath.

5. The ammoniacal vapors excite cough and interfere with respiration, and for this reason it is necessary to protect the patient from them. However, the effect of the vapors is beneficial in that they increase the power of the voice, and render it less rough and more intelligible. In conclusion, the hot alkaline bath is a powerful therapeutic agent in the algid period of cholera, and its effects are most constant.

Dr. Rigoletti concludes his paper by stating that reaction, under treatment with the bath, is always *prompt*, occurring within twenty-five minutes; *complete*, as shown by the disappearance of all algid symptoms; and *constant*, having never failed in twenty-three such cases so treated. Dr. R. considers it superior to intravenous injections of salt water proposed by Dr. Hayem, and to the subcutaneous alkaline injections of hot water suggested by Prof. Cantani.—*Am. Jour. Med. Sc.*, July.

Cholera Contagion.—Attention is being opportunely directed to the fact that

the next few months will see several thousand packages of fruit consigned to the United Kingdom every week from the southern and western coasts of Spain—notably nuts from Barcelona, lemons from Valencia, and grapes from Almeria. These last are packed in barrels, filled up with cork-dust; and the attention of the authorities is called to the importance of this fact, in view of the great epidemic of cholera in Spain. This is the more important, inasmuch as cholera-contagion is believed to be frequently conveyed by food. — *British Med. Jour.*, Aug. 15th.

Typhoid Fever at Plymouth, Penn.—We have here another of the proofs, which have so often come to us from America, to the effect that the infection of typhoid fever is not destroyed by freezing, and that the process of freezing only affects it in so far as it holds it in store until it has opportunity of gaining access to the human system. When held in ice, its potency is found to be in no way diminished, when that ice is melted by being mixed with drinks, or otherwise used for human consumption; and in the instance now under consideration the frozen mass retained all its power for mischief, only awaiting the thaw which admitted it into the general water-supply of the town. Another point of interest is indicated in the report: mere filth, such as was contained in the sewage-befouled river, is often quite powerless to produce typhoid fever, whereas a comparatively small proportion of the excreta of a typhoid patient is potent for widespread mischief.—*London Lancet*, Aug. 8th.

Typhoid with Epistaxis.—For the treatment of epistaxis introduce into the nostril, to a considerable distance upward, a piece of fine sponge, cut to the size and shape necessary to enable it to enter without difficulty, previously soaked in lemon juice or vinegar and water. The patient is to be kept lying on the face for a length of time, with the sponge in place. "This," says the *Lyons médical*, "is the procedure employed by M. Siredey for controlling epistaxis in typhoid-fever patients."—*Med. Herald*, Aug.

Treatment of Diphtheria by the Faradic Current.—The *Centralbl. für die Gesammte Therapie* for May mentions another remedy for diphtheria, in the form of the faradic current. This is to be applied with one electrode on the nape of the neck, and the other on the front of the throat, both being well moistened. The current should be strong enough to be felt in the throat, but not so as to cause too much movement, It should be applied from two to four times a day; improvement may be looked for after the first application, and the throat is soon clear of the membrane. The electrodes must be thoroughly disinfected after each application. The results are said to be better than those of gargling or brushing out the throat.—*London Med. Record*, July.

Iodine in Diphtheria.—Adamson adds his testimony to the efficiency of the iodine treatment. He lost only two patients out of fifty-five treated with the tincture alone, although some of the cases were very grave, For adults he gives from five to seven minims every hour, and for children between six and twelve years of age from two to three minims every two hours. Special mention is made of syrup of quince for disguising the taste of the drug.—*N. Y. Med. Jour*, Aug. 15th.

Vaccination after Exposure.—According to the last quarterly report of the proceedings of the Illinois State Board of Health, 144 persons suffered from small-pox, the disease having been contracted at a negro "protracted meeting," and of this number 120 had never been vaccinated. Within from three days to "about a week," 14 of these 120 persons were vaccinated. Amongst the remaining 106 cases 38 died, being a mortality at the rate of 35.84 per cent. Of the 14 vaccinated after exposure all recovered; and amongst the 37 who had been vaccinated prior to exposure, one single person, vaccinated once twenty-five years before, died. The late Mr. Marson attached no value to vaccination if performed after an interval of four complete days from the exposure, his statement being as follows: "Suppose an unvaccinated person to inhale the germ of variola on a Monday; if he be vaccinated as late as the following Wednesday the vaccination will be in time to prevent small-pox being developed; if it be put off until Thursday the small-pox will appear, but it will be modified; if the vaccination be delayed untill Friday it will be of no use—it will not have had time to reach the stage of

areola, the index of safety, before the illness of small-pox begins." But the Illinois report gives prominence to the belief that vaccination has a positive therapeutic value as well as the prophylactic power to which Mr. Marson referred, and in the fifth annual report of the Board of Health it is alleged that "if a patient be vaccinated during the febrile stage and the vaccination progress normally . . . the areolar stage of vaccination will be reached before the dangerous tenth day of the variolous disease, and, as has been repeatedly witnessed, the graver disease will be aborted, jugulated, or materially modified." Hence it is inferred that it is never too late to vaccinate; we prefer, however, the alternate maxim laid down, which is that in cases where there has been possible exposure "it is never too soon to vaccinate."—*London Lancet*, Aug. 22d.

Disinfection in Scarlet-Fever.—The skin is efficiently disinfected in the desquamative stage of scarlet-fever, by sponging with a one-in-twenty solution of aromatic acetic acid. A muriatic-acid solution of similar strength will disinfect the excreta.—*Med. World*, July.

NEUROTIC.

"Dentist's Leg."—At the meeting of the Odontological Society in June, Mr. Dennant, of Brighton, said he had himself suffered from what their medical friends were learning to call the "dentist's leg." About two years since the pain became unbearable after standing three or four hours, resembling very much the application of scalding water to the outer part of the thigh in the region of the external cutaneous nerve. It seemed to be due to nervous exhaustion from the undue strain thrown upon the part. Medical friends and common sense suggested rest as the remedy, and this he secured by means of the Lyons stool. He had used this for about two years with great benefit, and could now get through a day's work with comparative comfort.

George Johnson, M.D., F.R.S., Professor of Clinical Medicine, Senior Physician to King's College Hospital, says: Some time since I had my attention directed to this subject in consequence of having been consulted by a dentist, about thirty-five years of age, who described to me a sensation of numbness in one thigh, which he feared might be a precursor of paralysis. I soon, however, relieved him of his anxiety by giving him what I had no doubt is the true explanation of the perverted sensation. Our everyday experience teaches us that overstrain and fatigue may be direct cause of pain in the muscles concerned; but, besides this, the long-continued rigid contraction of the muscles which are engaged in maintaining such a fixed position as the operating dentist often has to assume must greatly impede the circulation, not only through the muscles, but also through the integuments. As the alternate contraction and relaxation of the muscles—in walking, for instance—assists and quickens the circulation, so the state of fixed and rigid contraction must obviously impede and retard the circulation, by exerting a continuous pressure upon the blood-vessels, and more especially upon the soft and easily compressed veins. The impeded circulation affects not only the muscles, but also the skin and subcutaneous tissues, and the nerves which supply the different tissues; and one result of a defective circulation through the nerves is to cause various perverted sensations—such as numbness, a sensation of "pins and needles," or a painful feeling of heat and scalding. The immediate cause, then, of the painful sensations experienced and so graphically described by Mr. Dennant appears to be, not, as he suggests, "nervous exhaustion," but perverted nerve function, directly due to a mechanical impediment to the circulation through the rigidly contracted muscles and their associated nerves. It is probable, too, that direct compression of the nerves by the firmly contracted muscles may have some influence in the causation of the perverted sensations referred to the cutaneous terminations of the nerves.

I have often been consulted by men and women beyond middle age who have been alarmed by a feeling of numbness, or "pins and needles" in the extremities. In these cases the defective circulation, which is the direct cause of the perverted sensation, is often the result of an enfeebled condition of the heart, with or without excessive general obesity, and often with more or less general emphysema of the lungs.

To return to the "dentist's leg." The obvious means of prevention and of cure consist in rest for the overstrained limb, or such a frequent change of position as is

equivalent to a certain amount of rest. Standing in one position is notoriously more fatiguing than walking, and for the obvious reason that while in standing one set of muscles is in a constant state of active contraction, the circulation through them being thereby retarded and enfeebled, walking involves alternate contraction and relaxation of the muscles, with an invigorated and quickened circulation.

More than one speaker during the discussion referred to the benefit to be derived from some form of active muscular exercise after the day's work. It is probable, too, that systematic friction and massage of the affected limb would be beneficial.—*London Lancet*, Aug. 15th.

Locomotor Ataxia — Perforating Ulcer of the Hand. — At a recent meeting of the Surgical Society of Paris, M. Terrillon (*Revue médicale*, June 13, 1885), presented a patient, aged twenty-six, who had on both hands ulcerations surrounded with thickened epidermis resembling exactly perforating ulcer of the foot. The lesions were surrounded with an anæsthetic zone. There could be no doubt of their origin from a central nervous lesion, and the patient also had other symptoms pointing unmistakably to locomotor ataxia. M. Terrillon had also presented a similar case at a previous meeting. M. Trélat recalled an observation previously made by him, of the relation between perforating ulcer and central nervous lesion, and stated that he had seen the ulcers upon both hands and feet in the same subject, who was ataxic.—*N. Y. Med. Record*, Aug. 15th.

Paralysis of the Sympathetic. — Dr. Lewinsky reported a case of the above at the last meeting of the Berlin Medical Society. The patient was a woman who had suffered from gastric ulcer, and who as a child had a small goitre which had increased in size during the last ten years. At the time of reporting it was the size of a goose-egg, was seated on the right side, and had curved the trachea to the left. The right upper eyelid drooped, the pupils were diminished in size, the eye lay deeply within the orbit. The fundus oculi was normal. The right side of the face showed almost complete absence of sweat secretion, and the temperature was 0.2° C. lower than on the left. The forearm and hand were occasionally swollen. The temperature of the right hand was 2° C. lower than that of the left. The patient came under observation a second time with hæmatemesis and parotitis. The latter went on to suppuration, and required incision. The secretion of sweat was less and the temperature lower on the right than on the left side. The speaker claimed that the symptoms presented were typical of paralysis of the sympathetic, that the interest of the case consisted in the long continuance of the œdema without disturbance of the circulation and with normal sensibility and mobility. As regarded the locality of the lesion, the supposition that it was produced by pressure of the goitre would not be far astray.—*London Med. Press*, Aug. 5th.

Blisters in Head-Symptoms Produced by Cranial Lesions.—Dr. Handfield Jones records two instances of cerebral symptoms from long previous injury to the head. The first case was that of a man aged thirty-four, who received a cut on the right forehead sixteen years ago, and for the last two and a half years suffered from pain around the right eye and headache all over the head, which was generally brought on by exertion. He had frequent attacks of giddiness, and occasional fits of unconsciousness. The patient was under Dr. Jones' care for about two months, during which time ten blisters, at various intervals, were applied to the forehead, producing each time almost instant relief from pain for many hours, and sometimes days. The second case was that of a navvy, who received several wounds on the scalp through some bricks falling upon him. About two years after the accident he became subject to attacks of giddiness. In this case eighteen blisters (in all) were applied to the head, the result being a complete recovery from all his bad symptoms; and when he was seen by the author, fourteen years afterward, there had been no return of the attacks.—*London Med. Record.*

Epilepsy and Nasal Polypi.—To the cases already cited of different forms of reflex epilepsy cured by removal of the exciting cause, the following one of Fincke may be added (*Moniteur de la Policlinique*, June 7, 1885). A man, sixty-four years of age, was suddenly seized with numerous and repeated attacks of epilepsy, for which no other possible cause could be found

than obstruction of the right nasal fossa by a mass of polypi resembling a bunch of grapes. These polypi were extirpated, and the convulsive attacks at once ceased, and had not returned at the time of the report, two years after the operation.—*N. Y. Med. Record*, Aug. 22d.

Ergot as a Remedy for Hiccough.—Dr. E. Bonavia, of the British Indian Medical Department, in a short communication to the *Lancet*, after mentioning the usefulness of ergot in various hemorrhages, says: "Very few, however, may have heard that ergot will cure hiccough. Last autumn there was in this district an extensive epidemic of intermittent fever. The police hospital was full of fever cases. One day a policeman was admitted with an obstinate hiccough. He said he had had it for some days, and had no other ailment. I tried many remedies—sedatives, narcotics, antispasmodics, and counter-irritants. I examined his body to see whether there might not be some latent hernia in any part which might be the cause of it, but found nothing. I gave him a large antispasmodic enema, and then a strong purgative. The hiccough went on. I next tried chloroform and subcutaneous injections. As long as their effects lasted, freedom from the distressing spasm was experienced. Then it came on again with unabated force. The patient began rejecting his food and every thing he took by the mouth. The case was taking a serious aspect, and I thought death would ensue. As a last resource I ordered the liquid extract of ergot in drachm doses. I did this simply because I knew it had a decided action on muscular fibre. The first dose moderated the spasm, the second did further good, and the third or fourth stopped it altogether. The patient had some rest, but later on the hiccough returned. Three or four doses stopped it again; it never returned and the man was well.—*N. Y. Med. Jour.*, Aug. 29th.

Elastic Electrodes.—It is often convenient to use large surface electrodes, and it is desirable that they be so made as to adapt themselves readily to inequalities on the surface. Zinc, lead, and various other materials have been used for the purpose, and have been found to answer tolerably well, but they are simply flexible and not elastic; consequently they do not recover their flat shape after being used, and some of them are open to the objection that they are uncomfortable for the patient to lie upon, while in others the metallic portion is quite small in comparison with the extent of the sponge attached to them, so that the current is not so diffused as is sometimes desirable. To remedy these defects, Dr. James Craig, of Jersey City, has hit upon the expedient of using electrodes made of woven brass wire nickel-plated. Dr. Craig has shown us a set of these electrodes, and it is certainly to be said of them that they seem admirably calculated to do away with the objections we have mentioned.—*N. Y. Med. Jour.*, Aug. 22d.

Neurasthenia.—Maximowitch recommends the following for the treatment of neurasthenia due to anæmia:

℞ Ferri bromidi,
Quiniæ hydrobrom. . . āā 3 j.
Ext. rhei . . . . . q. s. M.
SIG.—Ft. pil. cxx.
Dose: Two pills three times daily.

—(*Revue de Thérap.*) *Phila. Med. News.*

RESPIRATORY.

Acute Œdema of the Epiglottis—Incision.—Dr. G. B. Hope, of No. 34 West Fifty-first Street, reports the case of a man, fifty-four years of age, who presented himself at the clinic of the Post-Graduate Medical School, suffering from urgent dyspnœa. Laryngoscopic examination showed acute œdema of both ventricular bands rising high in the larynx, with the narrowest possible opening of the glottis, especially during inspiration. The swelling was most pronounced in the anterior portion, though pretty general throughout, and the cords were not visible in any part. Following the examination such a marked spasm occurred as seemed to threaten suffocation and to demand instant tracheotomy. The extreme urgency passed by, however, and as soon as a laryngeal knife could be procured the parts were freely incised. There was considerable hemorrhage, and the relief afforded by the operation was immediate. There was no return of the œdema, and four days later the parts had resumed their normal appearance. Subsequent examination showed that the œdema was limited chiefly to the epiglottis and aryteno-epiglottic folds. The shape of the epiglottis was somewhat unusual, it being more than ordinarily short and broad, and when first examined had an appearance

like that presented by the ventricular bands when largely infiltrated. The cause of the attack appeared to have been irritation, excited by the use of the finger in the throat to provoke vomiting. This case shows the readiness with which even extreme œdema may yield to free incisions, the necessity of the graver operation of tracheotomy being thus obviated,—*N. Y. Med. Record*, Aug. 15th.

Treatment of Hydatid Cysts of the Lungs by Means of Puncture.—A paper was read by Dr. Thomas, of Adelaide, Australia, on this subject, at the late Cardiff meeting of British Med Ass'n.

Such patients, the author said, often exhibit the most advanced symptoms of consumption. In one case the cyst weighed ten ounces, and contained two hundred and fifty-six square inches in superficial extent. There had been thirty-two cases of this disease collected by himself. In the Adelaide Hospital there had been five cases operated on. The general result of the treatment by perforation had been that of twenty-five operated upon five had died. The patients were of all ages, from ten up to fifty years. A cyst under the scapula might be opened by means of a puncture made under the clavicle, and the trocar and canula might be used. He personally had operated on five cases. Of these four did well and the fifth died. Altogether he made out that twenty-seven cures had arisen from thirty-two operations. Some persons had wished to put forward the idea that all cavities in the lungs should be treated by perforation, but he thought this out of the question in cases of phthisis. Finally, Mr. Thomas showed specimens of the various means taken to arrest hemorrhage after the operation, one of these being a cleverly devised bag resembling the fiddle-bags of Dr. Barnes, and the others india-rubber chest catheters made by Messrs. Mayer & Melzer.

Dr. Ward Cousins referred to the difficulty in the diagnosis of such tumors, and there was danger of inflammation of the sac after opening.

Mr. Thomas said that this was doubtless the case sometimes, but not so when the patient was found to be expectorating large fragments of hydatids. In Australia these cases were frequent enough, and in most cases there was no difficulty in that part of the matter. The operations had been most successful.—*N. Y. Med. Record*, August 22d.

Inhalations in Pulmonary Tuberculosis.—During recent times we have heard a great deal of the value of antiseptic inhalations in the treatment of phthisis. A further clinical investigation has been undertaken by Dr. Renzi of Naples. He has employed inhalations of four kinds: First, of iodoform and essence of turpentine, of which two to six drops every hour or two hours of a liquid containing one part of iodoform to twenty-five parts of spirit of turpentine were used; fourteen patients were submitted to this treatment. Secondly, iodoform volatilized every day in a bedroom thirty cubic metres in capacity, in the amount of .40 to 2.10 grammes, heated in a capsule by means of a sand-bath; three observations were made. Thirdly, sulphuretted hydrogen, evolved by the action of sulphuric acid on powdered sulphide of iron in such proportion that every cubic metre of atmosphere in the chamber should contain seventy-five cubic centimetres; seven cases were thus treated. Lastly, sulphurous acid, made by burning sulphur in a closed chamber, so that there should be forty-three cubic centimetres of the gas in a cubic metre of the atmosphere. Dr. Renzi has found that the first two methods of treatment ameliorate the local condition and general nutrition, without modifying the pyrexia, diarrhœa, or nocturnal sweatings. Inhalations of sulphuretted hydrogen and sulphurous acid seemed to increase the general strength, improving the nutrition, and increasing the quantity of urine discharged. Sulphuretted hydrogen had a special influence on the respirations, which were diminished in frequency; it also exercised a beneficial influence on the cough; but the fever, diarrhœa, and diaphoresis were not relieved. Of all the inhalations, the author decides in favor of turpentine and sulphuretted hydrogen.—*London Lancet*, July 25th.

Pneumonia, Adynamic—Hypodermic Injections of Ether.—In adynamic pneumonia when there is considerable depression of strength and the ordinary means have been exhausted, while the patient is menaced by asphyxia, Dr. Barth injects hypodermically a Pravaz syringeful of sulphuric ether, repeating it a second, third, or even a fourth time in the day in

bad cases. These injections render the cough easy and allow the bronchi to clear themselves. They may be inserted at the external side of the thighs, the back, or sides; and they give rise to a sharp burning sensation, which, however, soon subsides. Dr. Féreol employs these injections whenever he has to do with excessive debility consequent on hemorrhage, typhoid fever, etc. He regards them as a valuable means of restoring life to patients who are exhausted and threatened with speedy death. Dr. Moutard-Martin has used them with success in the algidity and cramps of cholera. —(*Union médicale*) *London Med. Times*, Aug. 8th.

Pneumonia, Acute.—In the early stage of a case of *pneumonia*, Prof. Da Costa gave:

℞ Tinct. verat. virid. . . gtt. iij.
Liquor. potass. citratis . . f ʒ iij.
Spirit. œth. nitrosi . . . f ʒ ss.
Syrup. zingiberis, ad. . . f ʒ ss. M.

SIG.—Every three hours.

—*Col. and Clin. Record*, Aug.

Lactic-Acid Treatment of Tuberculous Deposits.—Dr. H. Krause highly recommends the application of lactic acid to the laryngeal ulceration and swelling caused by tuberculous deposit. He begins with a ten-per-cent. solution, and rapidly increases it to eighty per cent. A number of cases are reported in which the ulceration was completely cured by these applications, notwithstanding the presence of tubercle-bacilli. In view of the unfavorable course which such cases generally pursue, and the failure of all other treatment, the author thinks this is a decided step in advance. He also believes that lactic acid will be found useful in other disorders of the throat.—(*Berliner klin. Woch.*) *Phila. Med. Times*, Aug. 22d.

Tuberculosis.—Potain recommends the annexed prescription as a remedy in tuberculosis:

℞ Sodii chloridi . . . . . ʒ ijss.
Sodii bromidi . . . . . gr. lxxv.
Potassii iodidi . . . . . gr. xv.
Aquæ dest. . . . . f ʒ iij. M.

SIG.—Dessertspoonful every morning in a cup of milk.

—(*Revue de Thérap.*) *Phila. Med. News*, Aug. 15th.

Nasal Polypi.—The following powder is recommended by a French writer as oftentimes efficacious in the treatment of polypi of the nasal passages: Morphine hydrochlorate, 1½ grains; powdered cubebs, 2½ drachms. A pinch of the powder to be snuffed up five or six times a day.—*N. Y. Med. Record*, Aug. 15th.

Hæmoptysis.—Prof. Bartholow says that for hæmoptysis "ipecacuhana is a remarkable physiological remedy." In a case at the clinic it was given in combination, as follows:

℞ Ext. ipecac. fluidi,
Ext. ergot. fluidi . . . ää gtt. v. M.

SIG.—At a dose,

—*Col. and Clin. Record*, Aug.

Asthma.—The following combination, of Prof. Bartholow's, for asthmatic attacks, has been found very useful:

℞ Ext. grindeliæ fluid. . . . f ʒ ss.
Ext. lobeliæ fluid. . . . . f ʒ ij.
Ext. belladon. fluid. . . . f ʒ j.
Potassii iodidi . . . . . ʒ iij.
Glycerini . . . . . f ʒ iij. M.

SIG.—Tablespoonful as required.

—*Col. and Clin. Record*, Aug.

CIRCULATORY.

Acute Pericarditis in the Aged.—The diagnosis of acute pericarditis is sometimes difficult even in adults, but it is yet more so in the aged. In them there are often old pulmonary lesions, chronic bronchitis, and emphysema, or valvular and other cardiac affections which serve to mask the sounds proper to pericarditis. If, in addition to these, there are also signs of recent intrathoracic disease, the symptoms become still more obscure. This is shown by M. Chas. Lejard, in a recent thesis (*Revue médicale*, June 6, 1885), who states that of the thirty-two cases of pericarditis in the aged, which form the basis of his paper, in but nine was the diagnosis made during life. The symptoms which should excite suspicion in the mind of the medical attendant are, the author says, a certain difficulty in respiration, usually increasing for several days; an elevation of temperature from 2° to 3.5°; dull, irregular, intermittent, or even tumultuous heart action, and a corresponding state of the pulse. If, during the course of a pneumonia or some other febrile disease, a sudden fall of temperature occurs, and is accompanied by the irregularity of heart-action above referred to, one ought to think of the possibility of

pericarditis. The examination of the physical signs and the presence of friction-sounds would serve to establish the diagnosis, but this will be usually a diagnosis by exclusion. The treatment of pericarditis in the aged offers nothing of note. Local counter-irritant blisters or dry cups are to be used, but, above all, tonics are indicated, such as quinine, alcohol, and digitalis. These will form the basis of the treatment. If there is a very abundant serous effusion, the pericardium may be tapped, and the fluid drawn off, the advanced age of the patient affording no contra-indication to this mode of treatment.—*N. Y. Med. Record*, Aug. 29th.

Weakness of the Heart's Action.—In the course of a recent lecture on "Arterial Atheroma and Cardiac Affections," M. Lancereaux (*Union méd.*) remarked that the treatment of systolic weakness should vary with the nature of the case. When it depends on dilatation of the right heart, recourse should be had especially to purgatives, for digitalis is no longer efficient, and this is readily understood at the autopsy, when the right heart is found with its walls hardened and stiffened, and remains gaping after it has been cut open. When, however, the weakness is due to atheroma of the coronary arteries, even if at the same time the heart is a little steatosed and sclerosed, digitalis acts more energetically, and it is of great service to use it in conjunction with other diuretics. The author often uses the following formula:

Scammony, Squill, Digitalis,	each	15 grains.

Divide into twenty pills, from four to six of which are to be taken daily, a milk diet being prescribed at the same time.

—*N. Y. Med. Jour.*, Aug. 29th.

Berries of the Snow-ball Tree in Angina Pectoris.—The successful results obtained by Dr. Jacubovsky in two cases of angina pectoris treated by dried leaves of the snow-ball tree (*Viburnum Opulus*) led Dr. Manguby, of Odessa (*Russkaia Meditzina*, No. 6, 1885, p. 123), to try the dried berries of the snow-ball tree in a severe case of the same disease in an obese lady, aged forty, who had been for eighteen months unsuccessfully treated by castoreum, convallaria, assafœtida, nitrate of silver, bromide of potassium, valerian, steel, quinine. An infusion made of two tablespoonfuls of dried snow-ball berries to one glass of water, and divided into three or four portions, was taken daily. After two months' treatment the paroxysms began to come only once in four or six weeks (instead of every two or three days, as they had used to occur before). The same treatment being continued for another six months, the patient gradually made a complete recovery. Not a single paroxysm of angina occurred during these eight months.—*London Med. Record.*

Aneurism of the Common Carotid, Cured by Rest, Iodide of Potassium, and Compression.—George D. Macintosh, L.K.Q.C.P.I., reports the following:

Mrs. T. P——, aged thirty-five, was first seen by me on March 27, 1883. I found her to be suffering from a pulsating tumor on the right side of the neck, opposite the upper border of the thyroid cartilage. On palpation the tumor was found to pulsate in an expansile manner—that is to say, the pulsation was equal all round as far as could be felt. On pressure the tumor could be completely emptied, and when the fingers were removed slowly refilled again by several successive pulsations; it was evidently in connection with the common carotid artery. On auscultation a distinct bruit was audible. The patient suffered considerable pain, both at the site of the swelling and in the face, of a neuralgic character. Mr. Henry Summerhayes, who saw the case with me on this occasion, fully confirmed my diagnosis of aneurism of the common carotid at its point of bifurcation into the internal and external carotids. We prescribed in the first instance considerable doses of iodide of potassium, with complete rest in the recumbent position and a spare diet.

On April 23d, there being but little improvement in the symptoms, and the pain being so severe as to necessitate the frequent hypodermic injection of morphia, I determined to try partial compression by means of a firm elastic collar with a cork pad attached, so arranged as to lie completely over the tumor and to empty it of blood, whilst the circulation was not greatly interfered with; at the same time the previous treatment was persevered with. After a week's use of the collar the patient professed herself greatly better, the pain being much less severe; but there was considera-

ble pulsation to be felt through the pad ; I therefore somewhat tightened the lacing of the collar, and this had to be done again and again at intervals of a few days. At the end of three months I removed the collar completely, as there was no longer any pulsation to be felt over the tumor, which had completely solidified, and has since given the patient no more trouble. She is now (May, 1885) going about her work as usual. Mr. Summerhayes again saw the case last summer, and was greatly surprised at the cure effected, which he acknowledged to be complete. — *London Lancet*, Aug. 15th.

Syrup of Hydriodic Acid in Acute Rheumatism.—Dr. James Craig, Jersey City, speaks highly of the syrup of hydriodic acid in the treatment of acute inflammatory rheumatism. It shortens the duration of the disease, relieves the pain, reduces the temperature, and leaves the patient without heart complications. The dose generally given is two to three teaspoonfuls in a wine-glass of water, every two hours, according to the indications. He claims that it also acts well in subacute rheumatism, but has no effect in the chronic form of the disease. Numerous cases are added showing its efficacy.—*N. Y. Med. Jour.*, Aug. 8th.

Antipyrine in Rheumatism. — Dr. Immermann has found antipyrine a most efficient remedy in acute and marked articular rheumatism. He states that it not only reduces the temperature, but also exerts a specific action on the joint manifestations. In one case of marked rheumatism of the trifacial nerve a permanent cure followed the exhibition of only one drachm of the remedy.—*N. Y. Med. Record*, Aug. 15th.

Filaria Sanguinis Hominis. — It would appear that we are now within a measurable distance of completing the life history of this interesting and important parasite. At a recent meeting of the Sci-I-Kwai in Tokio (*vide* Transactions of that Society, No. 6), Mr. W. de L. Eastlake made an interesting statement as to Dr. Manson's latest views on the subject. Dr. Manson suggests that the *Paludina*, a large fresh-water univalve, is the intermediary host. It will be remembered that Dr. Manson has already shown how the filaria is swallowed by the mosquito, and how the worm progressively grows in the inside of the mosquito until it has attained its full development ; the mosquito then dies and the worm is liberated into a stagnant pond. The *Paludina* inhabits stagnant water, and, moreover, it has a peculiar habit of crawling along the surface of the water, eating every thing it comes across, and it certainly devours the eggs of the mosquito as well as the partially decomposed or dissolved body of the mosquito. This mollusc is largely eaten both by the Chinese and Japanese. Mr. Eastlake proposes to carry out the following experiments, which should be decisive as to the correctness or otherwise of Dr. Manson's theory. (1) To inject *filaria* into some large water-beetle. Put the beetle into a receptacle filled with stagnant water and containing *Paludinæ Stetmaphora*. So soon as the beetle dies, make periodical microscopic examinations of both water and *Paludinæ*. (2) To put *filaria* directly into water in which there are *Paludinæ*, or inject them into *Paludinæ* and watch the result. (3) To let the patient be bitten by mosquitoes, collect these and put them into water in which there are *Paludinæ*, and then carefully watch the result. Dr. Suzuki (who had just previously reported a case, with result of *post-mortem* examination, in which filaria had been present in the blood three months before death) observed that the mollusc in question was used as bait to catch a kind of fish which the Japanese eat raw. So that it is possible that the worm passes through two intermediary hosts before reaching the human stomach ; anyhow we shall look with much interest for the report of the projected experiments.—*London Med. Times*, Aug. 15th.

Chlorosis.—In *chlorosis*, the following has often been of avail :

℞ Ferri sulphat. exsic. . . . ʒij.
Quininæ sulph. . . . . ʒj.
Strychninæ sulph. . . . . gr. ss. M.
Ft. pil. No. xx.

SIG.—One pill, three times a day.—(Bartholow.)

—*Col. and Clin. Record*, Aug.

Hemorrhage.—As an *anti-hemorrhagic* combination, Prof. Bartholow speaks highly of :

℞ Extract. ipecac. fluid. . . . f ʒ ij.
Extract. ergotæ fluid. . . . f ʒ iv.
Extract. digitalis fluid. . . . f ʒ ij. M.

SIG.—Thirty minims to a drachm at a dose, pro re nata.

—*Col. and Clin. Record.*

Cardiac Spasms.—Nitrite of amyl is well given in sweet spirits of nitre, which is also useful in arterial spasm and in the heart-pangs of angina pectoris.—*N. Y. Med. Record.*

Gout.—Lithium iodide is said to be the most useful of the lithium salts in the treatment of gout.—*Birmingham Med. Rev.*, Aug.

Ligature of Blood-Vessels.—Permanent obliteration in arteries, after ligature, takes place in from four to seven days, in veins from three to four days.—*Medical World.*

ALIMENTARY.

Atonic Dyspepsia.—G. J. Preston, M.D., Professor of Practice of Medicine, Baltimore, finds that atonic dyspepsia is by far the most common form of indigestion met with at the Polyclinic.

The alkaline treatment, even in cases where acidity was marked, was soon discarded as being only temporary. Sometimes the combination of a simple bitter, as tincture of columbo with soda bicarbonate, acts well for a time. Pepsin has proved of little value in adults unless given in quantities larger than most dispensaries can afford, or than a patient will take.

The most generally useful drug is strychnia in the form of tincture nux vomica. This can be given in much larger doses than it is prescribed. For many of the cases the initial dose was gtt. x. to xx. t. i. d. with as much acid hydrochlor. dil. This given before meals in cases where the normal acid is in excess, and after meals where it is deficient in quantity, is of inestimable service. It is by no means a new treatment, but after a somewhat careful and extensive experience with it, it has proved the most satisfactory.

In some of these cases where, in addition to the ordinary symptoms, there is pain, a very good plan is to add to the above, m. i. to iii. of acid hydrocyanic dil.

This drug seems to have a peculiar sedative action upon the terminal nerves of the stomach, and will be found useful in various painful affections of this organ.

Many of these cases improve rapidly on iron, and the best way to overcome the unpleasant effects which often prevent its use is by combining gr. x. of pot. brom. with gtt. x. to xx. of the tincture of the chloride. *Md. Med. Jour.*, Aug. 15th.

Hydrochloric Acid in the Treatment of Dyspepsia.—In an article on the treatment of diseases of the stomach ("Ztschr. f. klin. Med."; "Dtsch. Med.-Ztg."), Prof. Talma, of Utrecht, lays stress on fermentation of the contents of the stomach as being either the cause of dyspepsia in the great majority of instances, or at least the leading factor in keeping it up. This fermentation is generally due to a deficiency of hydrochloric acid, an artificial increase of which is therefore indicated. For adults, the author recommends a mixture of fifteen grains of the acid and twenty-two ounces of water to be taken in the course of twenty-four hours. The doses had better be taken after eating, and sensitive patients may take them lukewarm. He has observed excellent results of this treatment after the failure of long-continued alkaline medication, and even in cases of ulcer or cancer of the stomach he has seen it subdue such of the symptoms as were due to abnormal fermentation.—*N. Y. Med. Jour.*, Aug. 29th.

Cupping in Hernia.—Dr. Middleton sends us the following interesting bit of experience. "A few years ago, while practising in the country, I was called in haste to a case of strangulated hernia. Patient had been ruptured on both sides for several years, and had worn no truss, though his bowels had given him trouble, sometimes on one side, sometimes on the other. I found an oblique inguinal hernia, about the size of a hen's egg, upon the right side. Gave an opiate and tried to reduce, but failed; then sent for chloroform. In the meantime the patient suffered such intense pain in the region of the umbilicus that I tried to mitigate his sufferings by placing two large dry cups in that locality. The cups used were common glass tumblers. After allowing them to remain for a few minutes, I found, to my surprise, that the hernia was gone. I shouldered my saddle-bags, and, with a word of advice about a well-fitting truss, went on my way, rejoicing.—*Kansas City Med. Index*, Aug.

Operation for Intestinal Obstruction.—Mr. J. Greig Smith, London, Eng., submits the following rules for guidance in operating for acute intestinal obstruction:

1. Make the incision in the middle line below the umbilicus.

2. Fix upon the most dilated or the most congested part of the bowel that lies near the surface, and follow it with the fingers as a guide to the seat of the obstruction.

3. If this fail, insert the hand, and carry it successively to the cecum, the umbilicus, and the promontory of the sacrum.

4. If this again fail, draw the intestine out of the wound, carefully cover it until increase of distension or congestion, or both, in one of the coils gives an indication that the stricture lies near.

5. If there be considerable distension of the intestines, evacuate their contents by incision, and suture the wound. Never consider an operation for intestinal obstruction inside the abdomen finished, until the bowels are relieved from overdistension.

6. Be expeditious, for such cases suffer seriously from shock. The whole operation ought to be concluded in half an hour.—*Louv. Med. News*, Aug. 22d.

Radical Cure of Cancer of the Rectum.—Maurice Polosson, in an article on this subject in *La Lyon médicale*, proposes to operate for the radical cure of cancer of the rectum by first performing colotomy, and then making a secondary operation for extirpating the cancer. The preliminary operation renders the extirpation of the neoplasm more easy and less subject to subsequent complications. Polosson has tested this method in one case, making the artificial anus in the iliac region. This case recovered.—*Obst. Gaz.*, Aug.

Simple Acute Diarrhœa.—Dr. J. K. Spender, of the Mineral Water Hospital, Bath, England, thinks that the management of that common malady, alvine catarrh, has never been raised to the scientific level of many diseases of rarer occurrence, so that there is always a little uncertainty in the prognosis. He refers to a formula published by Dr. David Young, of Florence, in the *Practitioner* for March, 1875; about two minims of castor-oil were combined with three or four minims of the British Pharmacopœia solution of hydrochlorate of morphine, and rubbed into an emulsion with gum arabic. To this were added spirit of chloroform and a little syrup. This dose was to be repeated every hour or every two hours, according to the urgency of the case. If the diarrhœa was chronic, the quantity of castor-oil was increased; if there was much pain, more morphine was prescribed. He has found Young's mixture extremely valuable in nearly all forms of sudden and acute diarrhœa, such as are often seen during August and September, and scarcely less useful in some chronic conditions of irritable bowel which have baffled the so-called routine remedies; but he thinks that when the castor-oil and morphine fail, or do little good after four or five doses, it may even aggravate the malady to continue their use. Warm milk with lime-water is the best food, a mustard poultice may be put over the stomach, and there should be absolute rest in bed.—*N. Y. Med. Jour.*, Aug. 29th.

Entero-Colitis.—While the stools are yellow, homogeneous, and have a fecal odor, Dr. Louis Starr says alkalies and astringents are demanded, as:

℞	Sodii bicarb.	gr. xxxvj.
	Syr. rhei aromat.	ʒ ss.
	Aq. menth. pip. q. s. ad.	ʒ iij.

M. SIG.—One teaspoonful every three hours.

When the stools are green, acid, and numerous, alkalies with opium do best.

℞	Tinct. opii deod.	♏ vi.
	Bismuthi subcarb.	gr. lxxij.
	Syrupi	ʒ ss.
	Mist. cretæ q. s. ad.	ʒ iij.

M. SIG.—One teaspoonful every two or three hours.

In tedious cases, good results are at times obtained from minute doses of calomel, combined with opium and chalk.

Very frequent and serous stools require more powerful astringents.

℞	Acidi sulphurici aromat.	♏ xxiv.
	Liquor morphiæ sulphatis	ʒ j.
	Elix. curacoæ	ʒ ij.
	Aquam q. s. ad.	ʒ iij.

M. SIG.—One teaspoonful every three hours.

—*Med. Bulletin*, Aug.

Powder for Pyrosis.—M. Peter in *L'Union médicale*, July 18, 1885, recommends the following powder in the treatment of pyrosis:

℞	Sodæ bicarb.	gr. xl.
	Cretæ præcip.	gr. xv.
	Ext. nucis vom.	gr. iss.

M. Div. in chart. No. x.

SIG.—One three times a day for patients submitted to milk diet with whom the milk does not agree.

If diarrhœa is also produced, the subnitrate of bismuth should be prescribed in

doses of ten grains, combined with a sixth of a grain of extract of nux vomica, and from one sixth to one third of a grain of powdered opium.—*Phila. Med. News*, Aug. 8th.

Glycerine as a Tæniacide.—Dr. G. A. McCallum, England, recommends glycerine as a pleasant and effective remedy for tapeworm. The dose may range from ʒ ij. to ℥ j., to be followed by a purgative, if necessary.—*Med. Bulletin*, Aug.

Typhlitis.—A very bad case of Typhlitis came to Dr. Preston's clinic at the Dispensary, after having been treated by a druggist for ten days with strong purgatives. There was a large doughy tumor in the right inguinal region, giving a dull percussion note, and exquisitely tender to the touch; abdomen was tympanitic, and there was very marked peri-typhlitis. Patient was put on milk diet, and a grain of opium given every three hours, with poultices to the abdomen.

This treatment was continued for two weeks, using opium both internally and externally. The inflammation gradually diminished, bowels were moved, and the patient made a good recovery.—*Md. Med. Jour.*, Aug. 15th.

Summer Diarrhœa.—In mild cases of summer diarrhœa, characterized by mere thinning of the intestinal discharges, and a feeling of lassitude with slight pallor, Prof. N. S. Davis recommends:

℞ Acidi sulphurici aromat. . . ʒ iiss.
Tinct. opii . . . . . ʒ iiss.
Syr. simp. . . . . ʒ iv.
Aquæ . . . . . ℥ ij.

M. SIG.—One teaspoonful two to four times a day.

—*Med. Bulletin*, Aug.

Chronic Diarrhœa.—J. Vose Solomon, Birmingham writes: In hospital and private practice, I am sometimes consulted by females of nervous temperament, on account of a chronic diarrhœa of several years' standing, and which has hitherto resisted medical treatment. As many as six or eight stools have been reported as passed daily. When failing to discover organic abdominal disease, the following formula has produced considerable mitigation, and sometimes a perfect relief to the symptoms. I am inclined to think the disorder is a neurosis.

℞ Acidi nitrici diluti ʒ ss., liquoris opii sedative (Battley) ʒ i, tincturæ gentianæ ℥ ss., infusi gentianæ ℥ ivss., aquam menthæ piperitæ fort. ad. ℥ viii.; one ounce to be taken three times a day.—*Brit. Med. Jour.*, Aug. 22d.

Gibier's Pills for Diarrhœa.—Take of

Sulphate of quinine . . . . . gr. ½
Extract of aconite,
Tannic acid . . . . of each gr. ½
Extract oi opium . . . . . gr. ¼
Spirit of quince
Powdered licorice, of each, enough to make one pill.

—(*Union médicale*) *Med. World.*

URO-GENITAL.

Prolonged Retention Treated by Aspiration Daily for Five Weeks.—J. T. Hague, L.R.C.P., L.R.C.S. Ed., writes: Amongst instruments of modern invention, few are of more practical use in the treatment of disease than the aspirator, and one of its most generally recognized uses is for emptying of the bladder in cases of retention where a catheter cannot be passed. In such cases the choice of treatment lies between puncture of the bladder per rectum with a curved trocar and canula—a proceeding certainly requiring expertness,—and aspiration immediately above the pubes. The latter treatment is certainly easy, and, as I think, safe. At any rate, the following case bears out that belief.

On Sept. 3d last I was called to see a patient, aged ninety, who was suffering from retention of forty-eight hours' duration, due to enlarged prostate. Of course, catheterization was the treatment indicated, and this was tried most carefully and perseveringly by Dr. McGuinness and myself with both silver and soft catheters; but, partly by reason of the enlarged prostate and partly from numerous false passages, which made it almost impossible to keep the catheter in the urethra, all efforts to reach the bladder with catheters failed. Then, as it was an absolute necessity that immediate relief should be given, we decided to aspirate. That was done, and thirty-five ounces of urine were drawn off, the operation causing but little pain. On the following morning, as no ill effects were visible, it was decided to aspirate again, instead of trying the catheter, so that the urethra might recover itself, and the false passages heal, by rest. This was

done, and has been repeated daily for thirty-four days, all the attempts by several surgeons to catheterize during this time meeting with failure. On the 7th of October, however, I succeeded twice in passing a soft catheter. This patient, therefore—an old man of ninety—passed no water per urethram for five weeks, during which period he was aspirated thirty-four times, and has had neither cystitis nor peritonitis; the only discoverable ill effect being an inflammatory thickening about the seat of the numerous punctures.

This is the third case in which I have aspirated the bladder: one case being a stricture, with acute gonorrhœa; the other, calculus impacted in the urethra. In neither of these cases, however, was it necessary to operate more than once. I have never found any ill consequence arise from the operation, and I cannot see what advantage the old method of puncture through the rectum possesses over it. It would certainly have been impossible to have repeated this latter proceeding thirty-four times.—*London Lancet*, Aug. 29th.

Retention of Urine—Ung. Nux Vom.—Dr. Malley recommends an ointment made of one part extract of nux vomica to ten of lard in the treatment of functional retention of urine. A piece the size of the thumb-nail is to be rubbed on the hypogastrium once or twice a day.—*N. Y. Med. Record*, Aug. 1st.

Supplementary Excretion of Uric Acid.—M. Boucheron, in a communication to the Paris Academy of Sciences, has called attention to the various forms in which uric acid is excreted in addition to the portion carried off by the renal passages, referring specially to the salivary, mucous, and digestive glands. He considers that glandular gout, and certain forms of nasal, bronchial, stomachic, and other catarrhs are manifestations of the supplementary excretions of uric acid being the most easily detected. The presence of a large quantity of uric acid in the saliva may be a premonitory symptom of uricæmic accidents, and a diagnostic sign of the nature of these accidents. The most convenient and rapid qualitative test for uric acid is the reaction of murexide. This reddish-purple coloration can be obtained by causing the successive reaction of the vapors of anotic acid and ammonia upon a few drops of saliva slowly dried in a porcelain capsule by means of a water-bath.—*London Lancet*, Aug. 15th.

Electric Light in the Surgery of the Bladder and Rectum.—A. W. Mayo Robson, F.R.C.S., honorary surgeon to the Leeds General Infirmary, gives the following notes on the advantages of a portable electric lamp in operations in the bladder and rectum. A. S ——, aged fifty-four, living near Scarborough, who had suffered for three years from hæmaturia and other symptoms of tumor of the bladder, came to Leeds to consult me. I told her that I suspected tumor of the bladder, but could not positively say until I had dilated the urethra and carefully explored the viscus. She consented to have this done, but asked me to perform no extensive operation without further consulting her. On June 11th, under ether, I dilated the urethra by means of Weiss's dilator, and passed my index finger into the bladder, when it impinged on a hard, flattened, and nodulated tumor attached to the back part of the bladder, close to the entrance of the left ureter, by a base of quite an inch and a half. I now passed in a small half-candle Swann's electric lamp fixed to a long slender handle and connected to a Faure's storage battery, thus illuminating the interior of the bladder, exposing the tumor, and showing me a bleeding surface, to which I was enabled to exactly apply a strong perchloride-of-iron solution. Feeling that I could with some difficulty remove the tumor, but not without considerable risk to the patient, I explained the matter fully to her and her friends, who decided not to have any further operation performed, as I could not promise them that the growth, which I believed to be epithelioma, would not return. My patient was much relieved of her hemorrhage, had no constitutional symptoms, and did not suffer from incontinence, the next night only having to pass urine once. She was enabled to return home after a short time, apparently relieved.

In a case of rather extensive internal hemorrhoids which I had removed by the clamp and cautery, I noticed a little bright-red blood trickling from the anus just before the patient was being removed from the operating-table, and on dilating the rectum found that there had been considerable hemorrhage into the bowel. I ligatured several oozing points, but as the

bleeding continued I inserted my electric lamp and at once lit up the site of operation, revealing a pumping artery more than an inch from the anus, after the ligature of which there was no more trouble. My small battery is quite portable, and can be used either for the light or for a small cautery; it can be carried in an ordinary instrument bag, and when it is exhausted is soon recharged by being connected to a fixed chromic-acid battery.—*London Lancet*, Aug. 22d.

Cystitis.—The prevention of decomposition is the most important matter in the treatment of cystitis. Decomposition of the urine increases the vesical inflammation by augmenting the irritation, and the more muco-pus is secreted the more favorable are the conditions for septic organisms. It is the vicious circle once more. The proposal of Rossbach to use naphthaline should receive careful and practical attention. According to him, one or two grains of this substance had a remarkable effect on a severe case of vesical catarrh, so that the decomposition of the urine was arrested in from two to three days. In less severe cases one or two days suffice to effect a complete cure. Even in tubercular disease of the urinary passages, complicated by disease of the lungs, the daily administration of five grains of naphthaline produced a notable diminution in the number of bacteria, as well as in the amount of deposit, and the sufferings of the patient were lessened.—*London Lancet*, Aug. 22d.

Painless Method of Introducing the Catheter.—Dr. John A. Stamps recommends the following as an almost painless method of introducing the catheter when there is a hyperæsthetic condition of the urethra. His plan consists in introducing the nozzle of an ordinary male urethral syringe, previously filled with water as warm as the patient can bear, into a soft catheter, and injecting the water slowly as the catheter is gently passed along the urethral canal. The water regurgitates between the catheter and the urethral wall until the catheter has reached the prostatic portion of the urethra, and there is thus little danger of much water passing into he bladder, and the warmth of the water will, in many cases, serve to allay irritability, which so often interferes with the performance of catheterization—*Med. and Surg. Rep.*

Detection of Small Quantities of Sugar in Urine.—When urine containing less than 1 per cent. of sugar is heated with Fehling's solution, it becomes opalescent and greenish, or dark yellow, in color, but does not deposit cuprous oxide. According to G. Buchner, this is due to the presence of uric acid and creatinine, which should be removed, by first adding to the urine a solution of copper sulphate, 1 to 10, then warming and filtering from the precipitate. The filtrate containing excess of sulphate of copper is next treated with Rochelle salt and potash solution, and warmed. Under these conditions the smallest quantity of sugar is indicated by the precipitation of red cuprous oxide.—(*Chem. Centralblatt.*) *London Med. Times*, Aug. 15th.

Chronic Atony of Bladder. — P. Donovan, F.R.C.S.I., Kingstown, writes: In answer to the inquiry of "Old Member," as to the treatment of chronic atony of the bladder, I would recommend him to pass an electric current each day for a period of five minutes, from a Stohrer's battery, from the sacrum to the pubis, and along the perinæum, and to try the following mixture at the same time, with the cold sitz bath, or, better still, sea bathing every morning: ℞ Tinct. ferri perchloridi, ʒ ii.; liquor strychniæ, *P.B.*, ʒ ss.; liquor ergotæ, *P.B.*, ʒ ii.; syrupi limonis, ℥ i.; aquam ad ℥ viii. One ounce to be taken twice daily.

I have lately had a gentleman under my care, who had lost all power over his bladder, and had to be relieved two or three times each day by the catheter. He is now perfectly well, with full power over the organ, although he is seventy-eight years of age. The above treatment in this case was most successful.—*Brit. Med. Jour.*, Aug. 22d.

Urethral Caruncle — Cocaine.—Percy Boulton, M.D., London, writes: I find, in cases of "urethral caruncle" (those exquisitely sensitive growths of the female urethra), that the effect of cocaine is marvellous. Few small troubles are more sensitive to touch, and formerly it was necessary to give chloroform for their removal. I now apply a four-per-cent. solution of cocaine, and in five minutes snip them off with sharp scissors, and apply the cautery to the stump to stop bleeding, without chloroform, and without pain to the patient. The same solution, if applied in the nostrils with a camel's-hair brush, undoubtedly produces

great relief in cases of hay-fever.—*British Med. Jour.*, July 25th.

Urethral Ointment for Gonorrhœa.—Unna (*Dtsch. Med.-Ztg.*) recommends the frequent introduction of a sound smeared with the following :

℞	Nitrate of silver . .	30 grains.
	Peruvian balsam .	60 grains.
	Yellow wax . . .	1 to 2 drachms.
	Cocoa butter . . .	6 ounces.

Pills for Spermatorrhœa.—De Sinéty (*Union méd.*) proposes the following :

℞	Extract of belladonna . . .	3 grs.
	Powdered belladonna root . .	3 grs.
	Confection of rose	q. s.

Divide into ten pills. One to three pills should be taken before going to bed.

—*Med. Bulletin*, Aug.

VENEREAL.

Treatment of Venereal Diseases in New York.—A correspondent writing from New York says :

We will now pass into the venereal ward, not, however, so much for the purpose of learning the signs, symptoms, and pathology of venereal diseases (for there has been little change in the teaching on those points), as to acquire a knowledge of the latest and most approved methods of treatment. As far as I can learn, more importance is attached to irrigation of the urethra than to any other remedy for gonorrhœa. A bottle, containing a gallon of warm water, is placed near and slightly above the patient. A catheter (about No. 6 in size) is introduced to the membranous portion of the urethra. To this instrument a tube passing from the faucet of the bottle is attached, and the water is allowed to run *ad libitum*. I think that the longer this is kept up and the oftener it is performed, the more sure and speedy will be the cure. Chancroids are, as of yore, cauterized and dressed with iodoform. The chancre of syphilis is simply kept clean and dusted with calomel, and if the sore heals kindly no internal remedies, save such as might be indicated to put the patient's system in good condition to resist the disease, are used until other symptoms present themselves, and then the favorite remedy is the famous "pil. duo," which consists of one gr. of sulphate of iron and two of blue mass, given three times a day. When, again, these symptoms have subsided the medicine is dropped. To make a long story short, instead of two years of mercury the symptoms alone are treated. There is much logic in this plan of dealing with syphilis, but all will admit that it is easier to carry it out in the hospital than in private practice, especially when it is known that the much-dreaded rash may be prevented or masked by continuous treatment from the date of the initial lesion.—*Canada Med. Record.*

Treatment of Acute Gonorrhœal Orchitis by the Application of Clay.—The white clay used by modellers is made into a soft paste with water. The paste is spread to about the thickness of one's finger on a square piece of linen. An assistant then raises the scrotum while the surgeon applies the dressing, which ought to cover the whole of the affected half of the scrotum as far as the root of the penis. Slight pressure is applied so that the clay may be adapted perfectly to the affected organ. The patient remains in bed wearing a suspender and with the thighs apart. As the paste retains moisture for a long time it is only necessary to renew the dressing morning and evening. The author states that the acuteness of the pain subsides in ten minutes after the application of the dressing and very soon pain disappears altogether. In two or three days the testis begins to diminish in size. The applications are to be continued for five or six days. Dr. Loucachevitch states that he has treated twenty-six cases by this means alone, and that recovery has always been rapid. —*London Med. Record.*

Histology of Syphilitic Lesions.—Twelve colored plates illustrate a fresh microscopical investigation into the histology of syphilitic lesions, by Isidor Neumann, the results of which are published in the *Vierteljahr. für Dermatologie und Syphilis*. We shall give here a brief *résumé* of the paper in question. Cutaneous syphilides are due to the overgrowth of small round cells in the immediate neighborhood of vessels. The vessels of the upper layers of the cutis and papillæ are chiefly affected, but the vessels of the deeper layers of the cutis (arteries and veins) are also involved. The intensity of the morbid changes in recent maculæ is slight, but increase visibly as we pass on to papular, tubercular, and gummatous lesions. The morbid products in the macular

forms are limited to the papillæ of the cutis, the epidermis not being involved. As the overgrowth of round cells goes on, the limits of the papillæ are transgressed and the rete becomes infiltrated, whilst the cuticle becomes tightly raised over the subjacent swollen rete. The exudation consists at first of round cells, but later on the cells take on a spindle shape, as may be well seen at the outer limit of the vessel. Pigment is chiefly found in the form of granules of various sizes, and varying in color from orange to brown. The granules lie partly in the exudation and partly in the connective-tissue cells. In the former case, resorption takes place readily, but not so in the latter. If the exudation has affected the rete, then this structure is also pigmented. The bundles of connective tissue of the papillæ appear to be swollen and spongy. This swelling may also be seen in the deeper layers of the cutis when gummata form. The hair follicles are altered in several ways. The hair sac may not only be surrounded by newly-formed cells, but may be actually thickened by an invasion of its proper substance. Clavate, lichenoid, and acneform outgrowths and cystic dilatations may thus be formed. The same changes have been observed in the sebaceous glands. Giant cells were found in tubercular, lichenoid, and acneform syphilitic eruptions, as well as in cutaneous gummata. They were not detected in macular, recent lenticular syphilides, or in any of the primary forms. Isolated tissues of the skin, such as smooth muscular fibres, appear to offer some resistance to the disease. In individual sections round cells were found running in the course of the vessels of the arrectores, whilst in papules of the scrotum there was no infiltration of the abundant muscle fibre. An important point to bear in mind is the persistence of anatomical changes, even after all trace of them has disappeared so far as clinical examination can discover.—*London Lancet*, Aug. 8th.

Tannate of Mercury for Syphilis.—Cumulative evidence goes on to show that the most eligible form of mercurial for the treatment of syphilis, according to Leblond, Lustgarten, and Kaposi, is the tannate, containing fifty per cent. of the metal.

℞ Hydrargyri tannat., (3 g.) . gr. xlv.
Ext. et pulv. glycyrrhizæ . q. s. M.

SIG.—Make sixty pills, and take from four to eight daily.

This form of mercurial does not disturb digestion, and has been found most efficient.—(*Revue médicale de Louvain*) *Phil. Med. Times*, Aug. 8th.

Chancroid.—Zeissl, in his description of the chancroid, says: Inoculability is the only test; without, however, being absolute, it is only a means of facilitating diagnosis; but this means is of value only to a certain degree, since it is admitted that any pus is inoculable when placed beneath the skin or upon a surface denuded of the epiderm, and may produce an ulcer, which differs in that it is not so rapid in its formation as that assumed by pus from an ulcer which, by its history, is regaded as a soft, venereal sore.—(*Annales de dermatologie et de syphiligraphie*) *Cin. Lan. and Clin.*, Aug. 29th.

Tertiary Syphilis.—Professor Brinton has found many obstinate cases of tertiary syphilis become amenable to treatment and rapidly improve when placed on the following formula:

℞ Potassii iodidi . . . . . ʒ iij.
Iodine . . . . . ʒ j.
Hydrarg. bichlor. . . . . gr. ij.
Aqua . . . . . ʒ iij.

M. SIG.—One teaspoonful three times a day.

—*Med. Bulletin*, Aug.

Powder for Phagedenic Chancre.—M. Terrillon recommends the following powder as usful in phagedenic chancre:

℞ Acid. pyrogallici . . . . . ʒ v.
Pulv. amyli . . . . . ʒ iss. M.

SIG.—Mix carefully.

In phagedenic anfractuous chancres, insufflate the powder into the depths of the sore. The dressing should be applied twice daily. The preparation employed should be fresh, and preserved from moisture in a well-corked bottle.—(*L' Union méd.*) *Phila. Med. News*, Aug. 1st.

Iodoform in Gonorrhœa.—Dr. A. Oger (*Journal de médecine de Paris*), in discussing the use of iodoform in gonorrhœa, refers to its use in solution of glycerine, by M. Campana, in acute and chronic conditions of the disease.

The best results are attained, however, when it is applied to the diseased parts in a very fine powder. In this form Timmermans has obtained excellent results. Iodoform being insoluble in water, he suspends in two and one half ounces of water sixty grains of the drug, rendered impalpable by

previous solution in sulphuric ether. The mixture being well shaken, a small glass syringe is filled and injection practised.—*Cin. Lan. and Clinic*, Aug. 29th.

OPHTHALMIC.

Penetration of the Eyeball with Scissors in the Operation for Strabismus.—Dr. H. Derby, of Boston, read a paper on two cases at the late session of the Amer. Ophth. Soc.

The first case was that of a young man on whom an operation for strabismus had been attempted. The surgeon inadvertently picked up a pair of sharp-pointed scissors. The point of the scissors suddenly penetrated the eyeball, and a portion of vitreous equal in size to a cherry-stone escaped. The operation was abandoned, and Dr. Derby was called to see the case. The eye was bandaged, and the patient put to bed. Several attacks of inflammation supervened, but the patient was discharged on the forty-first day with $V = \frac{7}{10}$.

In the second case the scissors also entered the sclerotic, but after a somewhat tedious convalescence the wound was found closed on the twenty-first day with vision as good as before the operation.

Dr. Knapp stated that he had done three thousand squint operations, and in three cases he had punctured the sclerotic. He, however, completed the division of the muscle, and the patients recovered as readily as from an uncomplicated operation.

Dr. Mittendorf stated that he had been present at a strabismus operation where the sclera was opened. He advised the surgeon to complete the operation. This was done, and the wound had healed in four or five days. He thought that, in case the accident happened, the division of the muscle should be completed.

Dr. E. Williams, of Cincinnati, reported a case in which he had punctured the eye. The patient recovered without difficulty.—*N. Y. Med. Record*, Aug. 15th.

Purulent Conjunctivitis.—Dr. J. A. Andrews, New York, read a paper on its treatment at Amer. Ophth. Soc. The treatment is based upon the belief that the contagious element is of the micrococcus variety. He related a case in which he had secured an inoculation of the seventh generation of a pure culture of a gonococcus. This is the first case inoculated with the gonococcus. He showed an instrument which he had devised to wash out the conjunctival cul-de-sac. It consisted of an eye-speculum with hollow arms, through which fluid may be passed. He had found bichloride-of-mercury solution (1 to 10,000) serviceable, but apt to irritate. A six-per-cent. solution of boric acid was also found efficient. A two-per-cent. solution of carbolic acid is useful, as it inhibits the movements of the white corpuscles. Irrigation should be maintained for ten minutes, in order to remove all secretion. Nitrate-of-silver solution (two to twelve per cent.) is then used, and an antiseptic dressing is next applied. This consists of vaseline and boric acid or carbolic acid; but he laid especial stress upon the importance of maintaining irrigation of the conjunctiva by means of the instrument referred to above.—*Phila. Med. Times*, Aug. 8th.

Nævus Cured by Electrolysis.—M. Leplat has recently shown, at a meeting of the Medico-Chirurgical Society at Liège, a girl eight years of age, who had been admitted into the hospital for a large nævus, occupying the left temple, the whole lower eyelid of the same side, and the external third of the upper lid. The tumor was bluish, and increased in size when the jugular vein was compressed; its thickness varied from four to ten millimetres, and pulsation could be detected at several points. Dr. Leplat introduced under the skin covering the tumor two steel needles, which were put into communication with a battery of from twenty to thirty cells, and left in place for a few minutes. The operation was repeated forty-nine times, and at the end of six months the upper lid was nearly normal in appearance. The lower lid and skin of the temple had become much thinner, but they were covered with small, depressed scars; those produced by the negative poles were white, the others reddish-brown. The discoloration of the skin might be prevented by the use of a platinum needle.—*British Med. Jour.*

Double Optic Neuritis and Ophthalmoplegia from Lead Poisoning Complicated with Typhoid Fever.—Dr. O. F. Wadsworth reported to the Amer. Ophth. Soc. the case of a boy nine years of age who had suffered from obscure febrile symptoms for several weeks, and move-

ments of the left eye had been observed to be imperfect. When first seen by Dr. Wadsworth there was pronounced optic neuritis in both eyes. The rest of the fundus was normal. Vision was much diminished. No lateral movements of the left eye could be made, and movement downward was impaired. The outward movement of the right eye was defective. The probable diagnosis was tumor in the region of the pons.

The movements of the eyes became still more impaired and vision sank. The boy developed distinct symptoms of typhoid fever. The spleen and liver were both enlarged. Lead was found in the urine, and the diagnosis of tumor was then abandoned. The treatment was with iodide of potassium. The general condition gradually improved; the neuritis passed into atrophy, leaving too little vision to count fingers. The movements of the eyes were completely restored, and the lead disappeared from the urine. The cause of the lead-poisoning was found to be the presence of a piece of lead pipe in the cistern from which the drinking-water was obtained.—*N. Y. Med. Jour.*, Aug. 1st.

Cautery in Destructive Corneal Processes.—At the Amer. Ophth. Soc. Dr. H. Knapp cited a number of cases in which its use had been of service and considered it a valuable measure.

Dr. Howe had employed this measure in three cases and the corneal ulcer had been somewhat lessened.

Dr. E. Williams, of Cincinnati, had for the past fifteen years been in the habit of treating phlyctenular ulcers of the cornea by the application of pure carbolic acid and had found it to act admirably.

Dr. O. F. Wadsworth, had for several years been in the habit of using carbolic acid for ulcus cornea serpens and for sluggish, painful infiltrations of the cornea. In sluggish infiltration the application is preceded by scraping and in some cases the simple scraping had been sufficient. When the ulcus cornea serpens had been severe, he did not recall that it had entirely stopped the process. In a recent case in which the acid was applied at the beginning of the affection, three applications checked the disease.—*N. Y. Med. Record*, Aug. 15th.

Quinine Amaurosis.—Dr. E. Williams reported two cases to the Amer. Ophth. Soc. In the first case a man took about one ounce in the course of four days. This produced total blindness and deafness, but in six weeks he could see as well as ever. The hearing had never completely returned, although the quinine was taken eight years ago. The field of vision was concentrically contracted in both eyes. The optic discs were very white, the calibre of the arteries and veins was reduced, and the smaller capillaries could not be seen.

The second case was that of a boy of fourteen, who had received large doses of quinine, the exact amount not being known. He was totally blind for four days. When examined, the sight was much diminished, the atrophy of the optic discs was extreme, and there was great contraction of the field of vision.—*Phila. Med. Times*, Aug. 8th.

Tumors of the Orbit.—At the last meeting of the Amer. Ophth. Soc., Dr. B. E. Fryer, Kansas City, Mo., reported the case of a boy, six years of age, under observation, April, 1885. There was swelling of left orbit, which included the whole line of the superciliary ridge. It was quite hard. Some time before, the boy had been struck by a piece of wood, but it was thought that no splinter had lodged beneath the skin. It was decided to remove the tumor. This was done, and on examination it proved to be a bony cyst, within which was a small piece of wood. This was enclosed in bone on all sides. The edges of the wound were brought together, and healing resulted without complication.

Dr. W. H. Carmalt, of New Haven, Connecticut, reported the case of a child ten years of age, from whom he removed a small growth from the upper lid. Six weeks later the growth had returned. An exploratory operation was done, and it was found that the growth extended into the orbit, and that it was impossible to remove it entirely. It was therefore decided not to complete the operation. The child had since died. The tumor proved to be a rapidly growing sarcoma. He thought that if in young children the tumor appears to be quickly recurrent and not easily isolated, no operative interference should be attempted.

Dr. Harlan, of Philadelphia, reported several instances of inflammatory exudations in the orbit simulating tumors, and illustrating the importance of exercising great care in diagnosis.—*Phila. Med. Times*, Aug. 8th.

Ointment in Ulcer of the Cornea.—Galezowski recommends an ointment as follows in the treatment of ulcerated cornea :

℞ Iodoformi pulverati . gr. xv.–xxx.
Vaselini puri . . . ʒ iiss.
Mix carefully.

The ointment is useful in herpetic and scrofulous ulcers of the cornea. It acts also favorably in ulcers appearing in syphilitic subjects. It may be used several times during the day. In addition, a collyrium of pilocarpine and douches of carbolized spray are also beneficial, used fifteen or twenty days. The ulcer is filled up by new tissue, and cicatrization gradually progresses.—(*L'Union méd.*) *Phila. Med. News*, Aug. 15th.

AURAL.

Sexual Deafness and Defective Sight.—Dr. G. De G. Griffith, London, writes : I was astonished to read in your issue for July 8th the statement of "An Obstetrician," that there is a growing opinion that, under the guise of gynæcology, much *demoralizing* and unprofessional conduct is carried on, since I thought otherwise, and that obstetricians and gynæcologists had begun to take a foremost position in the profession. I am a specialist—a gynæcologist,—but I don't "spay" nor practise os-splitting, though I have no small practice, and have had no small experience. The paragraph in your correspondent's letter to which I wish particularly to direct attention is the following : "Every one has heard of the case of an unfortunate lady who in one of our large Scotch cities slipped by accident into the house of a gynæcologist instead of that of his neighbor the aurist, and was there treated for deafness for six months *through a vaginal speculum.*" Surely the writer, if an obstetrician and a gynæcologist, would not join in the laugh at the recital of such a story—a story true as regards the cure which might be effected, true as regards successful treatment in the way the writer despises, if not true as to the occurrence of the accident.

Since the days of Marshall Hall we have become accustomed to the study of reflex action and reflex irritability and irritation. The admirable papers by Dr. Routh "On the Constitutional Treatment of the Uterus and its Appendages," lately published in your pages, vividly portrayed some phases of this reflex action—and what obstetrician, what gynæcologist, is unfamiliar with the Proteans of these reflexes ? Toothache in one or many teeth ; sore throat as a sexual reflex ; eye affections of various kinds—I will not here stay to enumerate them,—and defects of sight from utero-ovarian irritation. Every honest-minded and well-educated oculist and aurist must be familiar with such cases, almost as familiar, I should say, as his equally honest and well-educated brother in the profession—the obstetrician or gynæcologist. I could quote many cases occurring in my own practice corroborative of my statements. I will name one. Mrs. Ch—— came to me with utero-ovarian irritation. She complained, likewise, that her sight had been decidedly growing more and more defective—that she was becoming more and more near-sighted. Without telling me she went to one of our famous oculists. He examined her eyes, asking under whose care she was, and for what. She told him, and his answer was : "You had better continue under his treatment ; he can do more for you than I could." She continued the local utero-ovarian treatment, was quite cured, and the sight was restored also. The cases of deafness are equally well marked ; and absurd as it evidently appears to be in the eyes of your correspondent, nevertheless it *is* a fact that "deafness" may best be "treated through the vaginal speculum," *i. e.*, by attending to the sexual organs, both through the vaginal speculum and without it in other ways. Here is the last case in point which has occurred in my practice : Mrs. K. came to me complaining of being almost "stone deaf." I had to put my lips quite close to her ears and shout loudly before she could at all make out any of my words, so deaf was she. For years she had not entered a place of worship, and had had to withdraw from society because of her infirmity. There was also great general nervousness, such as we find existing in such sexual cases. I examined the ears, but found nothing wrong. I then asked her gynæcologic questions. Her answers led me at once to infer sexual deafness was what was present. I found the uterus tender, enlarged, engorged, and severe retroflexion existing. Positively I treated her deafness through, not the ear speculum, but the vaginal, by scarifying and punctating, etc. This done, I reduced

the displacement, and placed a suitable pessary. Her deafness was soon better, and now she is able, as she and my class of pupils can testify, to hear me from the opposite end of a medium-sized room (consulting-room of our hospital) when I speak to her in my ordinary voice. So much for treating deafness *through the vaginal speculum and per vaginam.*

I exhibited this patient to my class of ladies the week before your correspondent's letter appeared, and she is to the front still to bear me out. I shall be happy to show her to any scientific inquirer. Other cases I could likewise adduce. Indeed, I have often in my lectures pointed out that what is throat deafness and nervous deafness is really in many instances but sexual deafness—that is, deafness proceeding altogether from disturbed conditions of the sexual system. Persistent and repeated sore-throats in young girls should at once cause the medical attendant to make inquiries as to the working of the sexual organs. Almost invariably he will find in them the cause of the throat affection, and often the concomitant "throat deafness" which in many instances may be present; and I have long been in the habit of teaching that these cases are only relieved permanently, or cured, by the girls getting married and *becoming mothers;* and "becoming mothers," I always add, for in the majority of cases marriage will not cure, though child-bearing will in most cases. It is true that advancing years, if they bring quiescence to the sexual organs, will, without marriage having been contracted, and without child-bearing having taken place, bring in their train a cessation to the throat troubles—the results of the sexual reflex irritation and disturbance. But often the deafness will be permanent, simply because the remedy has not been adopted in time, and what was once but a functional disarrangement has been allowed to pass into organic change, and what was before only a symptom has been permitted to become a veritable diseased state of the auditory apparatus, permanent and irremediable deafness being the result.—*London Med. News*, July 22d.

Loss of Hearing from Mumps.—Kipp (*Arch. Otol.*) reports one case of this disease, in a young man aged eighteen, in which the total loss of hearing was in the right ear only, which was first noticed fifteen days after the commencement of an attack of mumps, while the patient was suffering from a metastatic inflammation of the left testicle. As all signs of irritation of the acoustic nerve was absent, it seems highly probable that the disease was limited to the cochlea. Whether the morbid process here was an inflammation with serous or hemorrhagic effusion or embolism of the cochlear artery, it is difficult to say. Kipp thinks that an extension of the disease from the parotid gland to the ear along the facial nerve, or through the external canal and tympanic cavity, seems highly improbable; he thinks it much more likely that the inflammation of the parotid, the orchitis, and the ear affection are merely local expressions of the same morbid condition of the blood. Another case was similar to the first, except that there was no orchitis.—*N. Y. Med. Jour.*, Aug. 22d.

Reflex Cough Due to Irritation of the Auditory Meatus. — Dr. H. W. Gradle, Chicago, says: "It is well known that irritation of the walls of the meatus will produce cough in many persons. The continued occurrence of this reflex was illustrated by the case of a young man who had had a cough for four months, coming on sometimes in distressing paroxysms, which several physicians had failed to remove, so that he had resolved to cease all treatment. An eczema of the meatus, which he supposed to have been there for several months, but to which he had not paid any attention, had lately spread further along the auricle, for which annoyance he called on me. After a single application of a strong solution of nitrate of silver to the well-denuded and scraped eczematous surface, his coughing fits never returned, and the slight bronchial irritation, which accompanied the trouble, disappeared during the next few days of treatment of the eczema. This cure was permanent, as I learned six weeks later. In another instance, a spasmodic cough in a child, the nocturnal attacks of which had kept the parents in a state of alarm for three weeks, was removed by taking a plug of exfoliated epithelial scales out of the auditory meatus."—*Med. Bulletin*, Aug.

Chiselling of the Mastoid Process.—Hartmann (*Arch. Otol.*) reports in detail the histories of fourteen cases in which it was necessary to open the mastoid process, and lays down rules for the performance of

the operation. The incision in the skin and the opening in the bone should be practised at the line of attachment of the auricle, or at least immediately behind it. The possibility should always be borne in mind that in operating we may chance upon a sharp curve of the transverse sinus. The skin incision and the bony canal should be made so large that a free inspection of the wound cavity may be possible during the after-treatment. In order to keep the wound open, rubber tubes should be inserted immediately after the operation, to be replaced subsequently by thick and still later by thin lead ones.—*N. Y. Med. Jour.*, Aug. 22d.

Sea Baths as a Cause of Ear Disease.—F. Bobone, in a research into the causation of ear disease by sea baths, gives the following résumé of his conclusions:

1. Sea baths are sometimes the cause of serious disease of the ear.

2. The disease is usually occasioned by the entrance of water into the external auditory meatus, and is found in those persons who dive or plunge under water.

3. Among the affections so caused, external otitis and tympanitis predominate.

4. Purulent otitis of the middle ear is also frequently met with as a result of sea baths, but frequently is secondary to the tympanitis.

5. Purulent otitis of the middle ear as a result of entrance of water into the tympanum through the Eustachian tubes, is of extreme rarity.

6. Diving and plunging under water is useless and dangerous, and the práctice should be deprecated to bathers, especially to those whose ears are already diseased.

7. Syringing the external auditory canal with sea water, a procedure still recommended by some practitioners, is irrational and far more productive of evil than of good.

8. A pledget of cotton in either ear previous to entering the water will prevent much of the danger to hearing resulting from the entrance of sea water into the auditory apparatus.—(*Gazzetta degli Ospitali*) *Phila. Med. News*, Aug. 15th.

Two Rare Cases of Mechanical Injury to the Organ of Hearing.—Moos (*Arch. of Otol.*) reports a case of bilateral labyrinthine disease in a man, aged twenty-six, which was developed fifteen minutes after a stay of thirty hours in a diving apparatus. It manifested itself by nearly total deafness in both ears, tinnitus aurium, and vertigo, followed by staggering gait, and inability to stand without support. It was caused by suddenly leaving the diving apparatus, after working in it, under a pressure of two atmospheres, with but short intermission, for thirty hours. These symptoms were probably the result of a hemorrhage in the labyrinth. The second case was in a man, aged thirty-four, in whom both drum-membranes were ruptured by the compression of air produced by the explosion of chlorophthallic ether during the making of eosine.—*N. Y. Med. Record*, Aug. 22d.

Tinnitus—Ergotin and Quinine.—Ergotin given in doses of sixteen grains will neutralize the cerebral effects of fifteen grains of quinine. Tinnitus may be entirely avoided by combining these two remedies.—*N. Y. Med. Times*, Aug.

DERMAL.

Lymphodermia Perniciosa.—Under this title Professor Kaposi, of Vienna, has lately described in detail a case of what he believes to be a hitherto undescribed form of skin disease. A widow, aged thirty-nine, had suffered for more than a year from an eruption, which passed at first for a universal chronic eczema. On admission to hospital the face and hands were chiefly affected, but the skin of the scalp, forehead, face, ears, and neck was of a diffuse brownish-red color, thickened, desquamating, and with honey-like crusts here and there. In the clavicular regions, upper part of chest, and axillæ, the submammary folds were reddened more or less, and desquamating or oozing. On the abdomen and back were similar patches. The extensor aspect of the upper limbs was the seat of a certain degree of desquamation, and the skin of the wrists and hands was thickened, scaly, cracked, and oozing in places, whilst the inferior extremities were less affected. The inguinal and cervical glands were swollen to the size of nuts, and firm. No visceral disease was detected, and the temperature was normal, but violent itching accompanied the eruption. On the left thenar eminence and the flexor aspect of the forearms were to be felt in the subcutaneous tissue several firm nodules, in size from a pea to a pigeon's

egg, fairly well circumscribed. From her admission till six months later, when the woman suddenly died after an acute paralysis of the left inferior extremity the day before, the nodosites steadily increased in number in the deep cutaneous and the subcutaneous tissue of the flexor aspect of the forearms, breasts, epigastrium, abdomen, face, etc. They softened and ulcerated through and became covered with crusts. The face became enormously swollen and leontiasic, and the ears stood out from the head. The spleen soon became enlarged, and a serous infiltration of the skin set in with ascites. The lymphatic glands became involved, and a progressive diminution of red-blood corpuscles was traced. At the necropsy the spleen was four times its normal size, the liver voluminous; some small nodosites were found in the lungs and beneath the pleura, and the medulla of the bones seems to have been affected. The skin and lung tumors were all of the same character, and the former apparently originated near fat-lobules. They were composed of a delicate fibrillar stroma, deprived of vessels, with connective-tissue corpuscles poor in protoplasm in places where cells, resembling lymph cells, and lymphoid nuclei occurred aggregated in extremely dense masses free in the intercellular spaces. Professor Kaposi refers shortly to cases described as *lymphadenie cutanée* by French authors, which have been described, if we remember rightly, as preceded by eczema, but he refuses to acknowledge the identity of the affections. — *London Lancet*, Aug. 29th.

Electrolysis for the Removal of Superfluous Hairs.—George H. Rohé, M.D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore, writes:

Electrolysis has been most frequently used for the permanent removal of superfluous hairs. In addition to the appliances to be presently mentioned, the operator who attempts to treat a case of hirsuties by this method needs a steady hand, clear vision, and above all an abundant stock of patience. Without these three requisites, no one should undertake the treatment of such cases.

The battery used should furnish an evenly-acting current of moderate power. I have used both the Flemming and McIntosh batteries with comfort, and with satisfactory results. For the last two years I have employed the latter exclusively, using a current of from six to twelve cells.

The electrodes consists of one ordinary sponge electrode attached to the positive pole and held in the patient's hand. This is used to make and break the circuit. The electrode attached to the negative pole consists of a fine needle in an insulated handle. The handle I now use is of wood, with a brass rod passing through its centre and small binding screws at each end for the purpose of holding the needle and of fastening the handle to the conducting wire-cord. The handle is made pretty thick, so as to enable it to be held firmly. A very thin ivory handle, which I formerly used, cannot be held as steadily as the thicker one.

The best needle I have used is one made by A. M. Leslie & Co., of St. Louis, for my friend Dr. Hardaway, of that city. It is made of a composition of platinum and iridium, is very fine, smooth, and flexible, and does not break easily. I have tried the finest obtainable steel needles and dentists' and jewellers' "bristles," but with much less satisfaction than the platinum-iridium needle referred to.

A chair with a head-rest—an ordinary dentist's or oculist's chair—is absolutely essential to steady the head of the patient during the operation. For the greater comfort of both operator and patient, a reclining chair which can be fixed at any angle is decidedly better.

To proceed with the operation: The patient is placed before a good light—avoiding direct sunlight unless modified by frosted glass—and directed to take hold of the handle of the sponge electrode, the sponge, of course, having been previously moistened. The operator then sits a little in front of and to the right of the patient, and takes the needle electrode in his right hand, holding a pair of tweezers with flat, narrow jaws in his left. The needle is then gently insinuated into a follicle by the side of the hair until the bottom of the follicle is reached. This is manifested by a slight resistance to the onward passage of the needle. The patient is then directed to touch the sponge with the palm of the other hand, thus closing the circuit. The current will immediately pass and the electrolytic action be made manifest by a little frothing

around the needle. In some skins also a little wheal will be raised about the follicle. In from twenty to forty seconds the hair can be extracted with the tweezers without the slightest resistance or pain. If the hair does not come away with perfect ease, the papilla has not been destroyed, and the needle should be permitted to remain and the current to pass a little longer. The current is broken by removing the hand from the sponge electrode. This gives less pain than if the current is closed and opened with the needle.

If the hairs are very close together, they should not all be removed at the same time. The hairs should be picked out here and there; otherwise the points of irritation will be in too close proximity, and, if sufficiently intense, may produce small areas of sloughing and leave scars. If the operation is properly performed, no visible scars should remain.

A sitting may last from fifteen to thirty minutes. Very few operators can extend it beyond the latter time. The sittings may be repeated every other day, or, in cases where time is important, every day. After the operation a lotion containing a drachm of oxide of zinc and two drachms of glycerin in two ounces of rose-water should be applied. It covers the redness of the skin and relieves the irritation, which is sometimes considerable.—*Phila. Med. Times*, Aug. 8th.

Treatment of Eczema in Regions Covered with Hair.—Taking the scalp as a region—for which the directions laid down may be generalized in the treatment of eczema of hairy parts—it is recommended that the head at first should be thoroughly washed two or three times with soap, in order to ensure the cleanliness of the affected parts. After this has been done, daily applications of the following preparation should be made :

℞ Acid. salicylici . . . . . gr. x.
Tr. benzoini . . . . . gtt. xx.
Vaselini . . . . . ℥ j. M.

If a topical application is desired, which will more readily dry the parts, the following is recommended :

℞ Acidi salicylici . . . . . gr. xv.
Amyli,
Zinci oxidi . . . . . aa ʒ iv.
Vaselini . . . . . ℥ j. M.

—(*Four. de méd. de Paris*) *Phila. Med. News*, Aug. 22d.

Leprosy with Invasion of the Tongue.—Dr. Campana reports the case of a youth, aged fifteen, of leprous parents, who had tubercles and macules of leprosy on the face and legs. The tongue was also involved, the disease there being manifested by little papilliform tumors grouped together in an oval patch the size of a cent, slightly raised and with roughened surface. These little tumors varied in size from that of a lentil to that of a hemp-seed. Some were conical in shape, others rounded; they were red in color, and painless. One of these tumors was removed and examined under the microscope, when numerous bacilli characteristic of leprosy were found. —(*Revue médicale*) *N. Y. Med. Record*, Aug. 15th.

Freckles. — Freckles (ephelides) may be removed according to Halkin by the following method : After the skin has been thoroughly washed and dried, the spots are brushed over once with liquid carbolic acid by means of a small pencil brush which has been dipped into the solution and then expressed. The skin is stretched during this proceeding with the fingers of the left hand. It is then left to take its natural course, no washing or removal of the resulting cuticle being permitted. The skin finally regains its normal color.—(*D. Med.-Ztg.*) *Cin. Lan. and Clin.*, Aug. 15th.

Dry Treatment of Burns.—Dr. Géza Dulácska recommends that burns should be dressed with soda sprinkled on cotton-wool, bandaged to the wound. The pain may be severe for a short time, but it goes off in half an hour. In an hour the effect is quite perceptible, the reddened skin having regained its natural color, and the pain being gone. In three days the epidermis comes away, leaving a healthy corium below, without pain or suppuration.—*British Med. Jour.*, Aug.

Cold Hands and Feet.—Many people suffer from this trouble all their lives. They have difficulty in keeping the feet or hands warm in winter, and slight exposure to cold or mental excitement at once asphyxiates the extremities. These people generally suffer also from a palmar and plantar hyperidrosis. They constitute the class out of which the different forms of Raynaud's disease are drawn. Local and general exercise daily, hot pediluvia containing tr. capsici, general tonics, warm ab-

sorbing covering to hands and feet, are the therapeutic measures indicated. — *N. Y. Med. Record*, Aug. 15th.

Ulcers of the Leg.—Dr. Roberts has recently had excellent results in chronic ulcers of the legs, after sprinkling powdered chloride of sodium thickly over the surface of the ulcer, once every three or four days, and dressing the sores twice daily with corrosive-sublimate ointment. The ointment contains half a grain of the mercuric chloride to the ounce of cerate. Chronic ulcers with callous edges are often most expeditiously treated by the surgeon excising them by means of an elliptical incision, and closing the wound with sutures.

Face-Wash.—An excellent face-wash consists of a one-per-cent. solution of boric acid in rose water, with five-per-cent. of honey added.—*N. Y. Med. Record*, Aug. 15th.

TOXIC AND HYGIENIC.

Cremation in its Sanitary Aspects.—Dr. John O. Marble, of Worcester, read an interesting paper before the Mass. Med. Soc., from which we select the following paragraphs:

Wise sanitation is now universally regarded as essential to the public welfare. The health and safety of the people are believed to depend quite as much upon preventive medicine as upon curative.

So long as we live, the vital forces of nature are in operation. Immediately after death, however, the retrograde metamorphosis begins, which will surely render the body, perhaps now beautiful in death, a thing of horrible aversion and unwilling disgust.

The process of decomposition, decay, and putrescence goes on with varying degrees of rapidity, according to season, temperature, and moisture, till it becomes a menace to the living, however reluctantly we may admit the painful fact; and the disagreeableness of a fact is no evidence that it is not true, or that we can afford to ignore it.

By burying in the ground a body dead of any zymotic disease, we are planting for our descendants, seed, sure, sooner or later, to bring forth a horrible crop of pestilence and death! This can no longer be doubted, or the fact ignored, for it is incontrovertibly established on the concurrent testimony of the highest scientific authority.

Dr. Freire, of Rio de Janeiro, while investigating the cause of yellow fever, found that the soil of cemeteries wherein the victims of that disease were buried, was alive with microbian organisms identical with those found in the vomit and blood of patients who had died of it in the hospital. He took samples of the earth, one foot below the surface, over the remains of a victim of yellow fever, and found them swarming with the characteristic germs. He is therefore justified in characterizing the cemeteries as the nurseries of yellow fever, the perennial foci of that dreaded disease.

The greatest evil resulting from the inhumation of the dead is undoubtedly the contamination of water.

> "The rivers die into offensive pools,
> And, charged with putrid verdure, breathe a gross
> And mortal nuisance into all the air."

A well-recognized and, as I believe, not uncommon cause of typhoid fever is impure milk. The water for dairies appears to be of more importance than the supply of food (and I have no reference to the cupidity of the average milkman). I have personal knowledge of cases of enteric fever believed to have had their origin in milk produced by cows pastured near an old cemetery, the water which they drank being supplied by springs very near it. Thus even milk may not always be a safe beverage.

So well recognized is the fact of the danger of the poisoning of water by graves, that laws exist in France prohibiting the opening of wells within one hundred yards of any place of burial; and in some of the German states it is forbidden by law to dig wells nearer than three hundred yards to any grave; and at a hygienic council, held some time ago in Brussels, it was decided that the safe protective distance should not be less than four hundred yards. In our country I am not aware that any such laws exist.

The problem is, given a dead body, sure in a few days to become dangerous to the living, how shall we dispose of it reverently and with absolute safety to survivors, both now and hereafter forever. The answer is by fire, all-purifying fire, the element which when uncontrolled is no doubt the ruthless and destroying enemy of man, but when under control is his servant and friend. Indeed "the ethereal fire has been the most sacred symbol in nearly every varying faith

of the world of the visible presence of God." The followers of Zoroaster are not the only worshippers of the sun. There are "Fire Worshippers" in our day, and their number increases as the sanitary value of fire becomes known. Fire will destroy absolutely every form of disease germ, while no degree of freezing will do so. Pork may be exposed through an arctic winter, then thawed and found to propagate the trichinous disease. Cold does not destroy animalculæ, for they abound in ice-water. Heat will utterly destroy the cryptogamic spore and annihilate the mycelium, but freezing only affords them a temporary rest. All other disinfectants are feeble and ineffectual when compared with the all-purifying fire. Indeed many devastating conflagrations which in cities have been deplored as calamities have really been blessings in disguise as disinfectants and promoters of health. The great fire of London, as is well known, terminated the plague and purified that pestilential city. The ancient rabbis tell us that in times of pestilence fires were kept burning in the valley of Tophet to consume the dead and to disinfect the air.

Scientific apparatus has now been devised capable of reducing a human body to ashes safely, quickly, and not unpleasantly. There is offered to the people a custom which will forever annihilate the dangers set forth in this essay, the contamination of earth, air, and water, the liability to burial alive, the sacrilegious work of grave robbers, and much of the unnecessary expense of funerals.—*Boston Med. and Surg. Jour.*, Aug. 6th.

Treatment of the Opium Habit by Codeia. — W. H. Lindenberger, M.D., Bartlett Springs, Cal., writes: I desire to call your attention to a remedy for the opium habit. I first commenced the use of this remedy in 1883, and since that time twenty-four cases have been permanently cured under my treatment by the use of this drug. It is codeia, a drug with which all physicians are familiar; but I have known but two members of the profession who were acquainted with the proper method of its use for this trouble. In order to use the remedy properly it is necessary to be thoroughly familiar with the past life of the patient, the length of time opium has been used, and the amount used. To cure the patient of the habit, I commence, as a rule, with two grains of codeia three times a day, and increase the dose until the same effect is produced upon the system that is produced by the opium.

After the use of opium has been supplanted by the use of codeia, the system has become accustomed to a drug the use of which can be dispensed with in a very short time. Codeia, when used in this manner, does not block up any of the secretions, and has no other effect upon the stomach than to give the patient a slight increase of appetite. It has a slight tendency to constipate the bowels; and with some it produces an after-depression, but not with those who have used opium to any great extent.

Previous to the use of this remedy it was my practice to use coca in certain cases. I found, however, that it constipated the bowels and took away the appetite; and that, after continued use, it was almost as difficult to get rid of the coca habit as it had been to become relieved from the morphia.

With the use of the remedy some patients must have a tonic treatment; and if constipation exists, I have found the aloin pill, No. 1, to be the best remedy.—*Phila. Med. News*, Aug. 22d.

Poisoning by Petroleum.—In the *Gazette des hôpitaux* for June 16th, Dr. Duguet, of the Lariboisière, relates the case of a woman, aged 48, who was brought into that hospital, May 8th, having just swallowed about a pint of the ordinary petroleum of commerce with suicidal intentions. She at once felt a strong sensation of oppression along the œsophagus, and especially at the stomach, together with a sense of burning, and was in a very agitated condition. She exhaled a powerful odor of petroleum, and on vomiting being excited by ipecacuanha, with large quantities of milk, a good deal of petroleum floated on the ejections as it did in those produced from the bowels by a glyster. All the urine of the patient was carefully preserved, and that passed just before the emetic was given contained a floating layer of petroleum, two or three centimetres in thickness. On the next day after her admission the floating petroleum in the urine amounted to twenty-one cubic centimetres, but by the next day had diminished to five centimetres, and then gradually disappeared. Some albumen, which at first was present, disappeared with the petroleum. During the first four days the petroleum enabled the urine to be pre-

served without undergoing decomposition for ten days. No other feature of interest is recorded.—*London Med. Times*, Aug. 8th.

Poisoning from the Bite of a Rat.—M. Millot-Carpentier reported to the Paris Academy of Medicine the case of a young boatman on the Saint-Quentin Canal, who was bitten on the hand and lip by a rat. The wounds healed promptly, but fifteen days later symptoms of lymphangitis appeared, but soon went away again without suppuration, and then purpuric spots appeared upon the integument. The latter affection was accompanied by acute anæmia, prostration, muscular atony, and irregular febrile attacks. At the same time there were singular nervous troubles, intense dysphagia, congestion of the face, laryngeal whistling, temporary inability to speak, swallow, or breathe, and a frothing at the mouth. These attacks were attended with an increase of fever, and left the patient in a condition of extreme prostration. Sometimes the attacks were preceded by an aura starting from the cicatrix in the hand and passing up to the throat. A cure followed the employment internally of permanganate of potassium and sulphate of quinine with tonics and a nourishing diet. The author of the communication considered the case to be one of poisoning by an animal virus.—(*L'Union méd.*) *N. Y. Med. Record*, Aug. 15th.

Permanganate of Potassium and Alcohol for Snake-Bite.—B. Hall Smith, M.D., reports a case of rattlesnake-bite successfully treated with potassium permanganate and whiskey. The patient, an adult farmer, was found suffering with the combined effects of snake-venom and tobacco, an infusion of which had been administered by his friends. The punctures made by the fangs of the snake were laid open and cauterized by pure carbolic acid. As the stomach could not retain medicine, whiskey was given hypodermically into the leg or arm. The patient was greatly prostrated; there was excessive cardiac weakness, dilatation of the pupil, and he had every appearance of impending dissolution. The permanganate was given hypodermically (gr. 2½ in water f 3 ss) every twenty minutes, alternating with whiskey, and occasional doses of dilute spirits of ammonia administered in the same way. At the end of five hours' treatment the patient was thought to be dying, but several injections of whiskey and one of ether revived him, and at the end of two hours more he was considered out of danger. The treatment was successful in saving life, but it is difficult to decide just how much of the credit belongs to the permanganate and how much to the whiskey.—*Atlanta Med. and Surg. Jour.*, Aug.

Tyro-Toxicon—Cheese Poison.—At the meeting of the Michigan State Board of Health, Dr. Vaughan presented a report of his investigations on poisonous cheese. It is well known that cases of severe illness follow the eating of some cheese. A few years ago the reputation of a large cheese factory in Northern Ohio was destroyed by the great number of cases of alarming illness arising from eating its cheese. Dairymen know this cheese as "sick" cheese. . . . Dr. Vaughan has succeeded in isolating the poison, to which he has given the name tyro-toxicon (from two Greek words which mean cheese and poison). It is a product of slight putrefaction in the cheese which probably occurs in the vat, as the curd has been known to poison a person. By this slight putrefaction, or excessive fermentation as it may be called, a large amount of butyric acid is formed, and this in the presence of the casein of the cheese is capable of developing a poison. Different samples of poisonous cheese contain different amounts of the poison. The same weight of cheese from one cake furnished three times as much poison as that from another cake. The poison was obtained in long needle-shaped crystals, which are freely soluble in water, chloroform, alcohol, and ether. The smallest visible fragment of a crystal placed upon the end of the tongue causes a sharp stinging pain at the point of application, and in a few minutes dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting, and diarrhœa. The poison is volatile at the temperature of boiling water, and for this reason even poisonous cheese may be eaten with impunity after being cooked. The substance has also a marked, pungent odor, and through the nose one can obtain sufficient of the volatile poison to produce dryness of the throat. This is true, however, only of the isolated poison. In the cheese the taste and odor of the poison are both modified to such an extent that they would

not be recognized, as has already been stated.—*Weekly Med. Review.*

Suffocation from Smoke or Gases.—Remove the patient at once into the open air, away from the smoke, where the air circulates freely, loosen the clothes about the neck, then proceed to restore breathing as in rules for drowning. *Keep back the crowd.* Hold the tongue forward. Work busily. Five seconds and you may be too late.

Those exposed to smoke should remember that it is less dense along the floor, and that one might escape on his hands and knees when it would not be possible to do so on one's feet. Also that a wet cloth placed over the mouth and nose will aid one greatly in pushing through the dense smoke. The great desideratum in these trying times is *presence of mind*, and the cultivation of this is the duty of every one.—*Drug. Cir.*, Aug.

PARTURIENT.

Episiotomy.—The following is the recapitulation of an article by Reynold W. Wilcox, M.A., M.D. :

The patient being in the ordinary side position, the operator, controlling the advance of the child's head with his left hand, takes the blunt-pointed, straight bistoury in his right hand. He inserts it at the commencement of a labor-pain, between the presenting head and the thinned edge of the vulvar outlet, flatwise, and where the outlet bulges most, generally at the distance above indicated from the commissure. The bistoury is held in this position during the increase and until the acme of the pain, the left hand being likewise kept in place. Immediately after the acme has been reached the edge of the bistoury is turned at a right angle to the edge of the vulva, the head being prevented from being forced out by a sudden exacerbation of the pain ; the incision is made outward, from one half to one inch, through the resisting structures. The labor now is conducted as usual, the head, as a rule, passing out at the next pain. In most cases no after-treatment is required, as the wounds almost invariably close by first intention if carefully cleansed. If the operator believes the suture to be necessary, it is done in the following manner : The first suture should enter at the junction of the skin and the mucous membrane, at the upper angle of the wound, coming out at the corresponding lower angle, and be tied. The second suture is to cover in the two small surfaces left, the one in the skin and the other in the vagina. This suture passes through the skin into the vagina, over the vaginal wound, out through the skin, and is tied over the skin wound. Iodoform dressing is then applied. The sutures are removed about the sixth day, and one will find, with difficulty, a fine cicatrix, if he examines the parts, at the end of the third week.—*N. Y. Med. Jour.*, Aug. 15th.

Conduct of the Third Stage of Labor. — Prochownick communicates to the *Centralblatt für Gynäkologie* a paper upon the management of the after-birth period. Referring to the recent criticisms of Crédé's method, he states that in none of these was included the objection, which he regards as the most important. This is the pain that the method causes, and the unwillingness of some patients to submit to it ; while, it may be urged, the majority of women would not complain, yet many nervous, sensitive women would. Our own opinion, on the other hand, is, that this suffering, usually, is not great—certainly not as great as that which was endured for hours in the previous stages of labor,—and is so brief that few object.

Prochownick gives his own method as follows : Immediately after the birth of the child the flat hand is laid upon the woman's abdomen, and, after the lapse of a few minutes, slight friction is made upon the fundus for the exciting of energetic after-pains. After the third uterine contraction has taken place, he asks the patient to flex her lower limbs, placing the soles of her feet against the foot-board, and make an expulsive effort, which in primiparæ raises the accoucheur's hand, which frequently in the parous sinks down between the recti muscles, that have been separated by pregnancy. If the placenta is not expelled, this must be repeated once or oftener, even to the seventh contraction. He states that in only one case did he have to wait longer than the seventh contraction. He is favorable to the use of ergot at the close of, or just after, the second stage of labor.

We believe the hand which is applied to the abdomen should not be flat, but concave—the manual concavity fitting to the uterine convexity,—for then the uterus is

defined, limited, a larger surface embraced, and any relaxation of the organ prevented, or at once recognized and remedied. Besides, a flat pressure, acting only upon the anterior wall, may, if this be greatly relaxed, so depress it as to prepare the way for uterine inversion. Certainly the part of Prochownick's plan which makes the woman a voluntary participant in the expulsion of the placenta, is good.—*Phila. Med. News*, Aug. 29th.

Antiseptic Midwifery.—At a meeting of the Pathological Society at Reading, held at the Royal Berkshire Hospital on June 24th, an interesting discussion took place on the subject of antiseptic midwifery. Dr. Hurry, of Reading, reported a case of puerperal scepticæmia supposed to have had its origin in the use of a syringe which had not been cleansed antiseptically. Since the above date the prominence given by Dr. Gervis, of St. Thomas' Hospital, to "antiseptics after labor" (and we would add during labor), cannot fail to make it become an important advance in obstetric practice. A reduction of the death-rate from 22.3 per 1,000 to an average of 20.3 per 1,000 is in itself a sufficient encouragemenf to further effort to reduce still more the death-rate in midwifery practice. Many of the cases of death from puerperal septicæmia could be abolished, for we believe them to be essentially within the range of preventive medicine. The peril of childbed would be bereft of much of its anxiety and danger if every thing about the parturient woman could be dealt with antiseptically. The unguent used for the finger in examination should be made antiseptic ; sponges, towels, syringes, etc., should be cleansed by antiseptic fluids before being used. Carbolic acid, or if this is disagreeable to the patient, as it is in some instances, the more agreeable thymol solution, iodoform, or Condy's fluid should be used. The one drawback to Condy's fluid is that it stains the linen, while thymol solution and sanitas do not. The latter can be freely sprinkled about the upper bedclothes and on the carpet, and added to all the water used for ablution. Nor should the practitioner's hands be overlooked. Messrs. McDougall Bros. have prepared a convenient little case of carbolic soap which can be carried in the waiscoat pocket. The regular use of this by the obstetric practitioner before making his examination would abolish the risk of septic infection from this source. No detail can be too minute, and he who neglects these ordinary precautions cannot fail to reproach himself if puerperal septicæmia arises in his practice. Should suspicious symptoms present themselves, free irrigation of the vagina and uterus by antiseptic solution should be adopted, and repeated so as to remove all possible septic secretion and discharge. It may be necessary to use the more effective solution of mercuric chloride in the proportion of 1 to 2,000, which is the most efficient antiseptic, the parts being irrigated afterwards with a solution of boracic acid. Such practice abolishes any risk from the mercuric chloride, and is a source of much comfort to the patient. A solution of from five to ten grains of bóracic acid to the ounce is one of the most soothing applications to a contused and abraded mucous membrane. The fluids for irrigation should, as a rule, be of the same temperature as the normal heat of the body.—*London Lancet*, August 8th.

Inhalations of Oxygen in Puerperal Eclampsia.—At a recent meeting of the medical section of the Kharkov Society of Experimental Sciences, Professor V. G. Lashkevitch, in the course of a communication on the therapeutic value of oxygen in neuro-pathology, pointed out that oxygen possesses a considerable power of lowering an increased reflex action, and also made the suggestion that oxygen inhalations may prove of service in cases of puerperal eclampsia. Acting on the suggestion of Professor Lashkevitch, Dr. V. G. Favr, of Kharkov (*Vratch*, No. 13, 1885, p. 197), resorted to oxygen in two cases, and obtained brilliant results. The first of the cases was that of a seamstress, primipara, aged 19, who was brought to the hospital in an unconscious state, with cyanosis, stertorous breathing, and frequent eclamptic seizures, each of the latter being preceded by a uterine contraction. Warm baths, wet packings, and enemata with chloral-hydrate, brought no relief ; chloroform inhalations only slightly controlled the intensity of the convulsive paroxysms. In view of the failure of all these means, oxygen was tried. In five minutes from the beginning of the inhalations, the patient asked for water, and then fell into a quiet sleep of two hours' duration, the pulse descending from 120 to 90 per minute ; uterine contractions ceased to be a starting-

point for convulsive fits. The latter reappeared each time when the inhalations had been stopped, and again gave place to sleep and quiet on resuming the administration of oxygen. The delivery was accomplished with the help of Barnes' dilators, and of puncture of the membranes. The patient left the hospital on the 19th day after the labor, her general health and the state of the kidneys being greatly improved under an appropriate treatment. A second patient, primipara, aged 18, was attacked with eclampsia about one and a half hours after the labor. Two severe paroxysms (each of twelve minutes' duration, separated by a free interval of 20 minutes, during which the patient remained unconscious) had occurred before oxygen inhalations could be resorted to. Consciousness returned immediately. Four more paroxysms occurred, but they were considerably milder, and separated by the intervals of absolute comfort; indeed, the patient took her tea and dinner between the eclamptic fits. She made a rapid recovery. Encouraged by his success, Dr. Favr enthusiastically invites all professional brethren to give a trial to so simple a weapon against so formidable a foe, and even goes so far as to ardently hope that in a near future oxygen-gasometers will be found in all lying-in hospitals, side by side with forceps, cranioclast, cephalotribe, and other necessary instruments.—*London Med. Record.*

Female Obstetricians. — A correspondent writes that one of the recent graduates of the Women's Medical College of the New York Infirmary, while on a visit in a Western State, was called to see a case of retained placenta. When she arrived she found the attending physician, a regular practitioner and a man of some age, sitting by the bed fanning the patient. The young woman's opinion being asked, she said she would try Crédé's method of expressing the placenta, and failing in this, she would introduce her hand and remove it. The physician replied that the patient had lost too much blood, and was, in his opinion, too much exhausted to bear the operation; but gave his consent, finally, to the trial, and suggested that the visitor should do it, as her hand was smaller. This the young graduate did, and, finding the placenta attached, removed it, and secured uterine contractions. The patient did well. Another young graduate, of one week's standing, was called unexpectedly to a case attended by a homœopathic physician. The patient was unconscious and pulseless. Examination showed that the head was engaged, but the cervix uteri was separated from the body through half its extent. The young woman at once divided the cervical ring with scissors, applied the forceps, and delivered the child. The patient made a good recovery. These cases speak well for the coolness and quick wit of these young graduates, and also for the excellence of the instruction imparted to the students of the Women's Medical College of this city.—*N. Y. Med. Record*, Aug. 1st.

Cramp of the Uterus During Labor. — The *Deutsche med. Wochensch.*, quotes a method adopted by Dr. Svanberg for relieving cramp of the uterus during parturition. He employs a compress, soaked in a mixture of chloroform and olive-oil, of each equal parts, or two parts of chloroform to one of oil, applied closely to the abdomen, between the umbilicus and the symphysis pubis. He has found the result to be immediate relief of the spasm, even when the previous inhalation of chloroform had failed. — *London Med. Record.*

Puerperal Eclampsia—Hot Baths. —Breus (*Arch. f. Gynäk.*) reports that he has continued his experiments in the use of hot baths as a remedy for puerperal convulsions, and has now treated seventeen patients by that method with only one death. If there is albuminuria, that, too, is favorably affected by the baths. He first puts the patient into a bath of about 100° F., and gradually carries the temperature up to 104° or 106°. He has not found that either abortion or hemorrhage is favored by the treatment.—*N. Y. Med. Record*, Aug. 15th.

Mammary Abscess—To Abort.— Quinine, in doses of ten grains every twelve hours, will frequently abort threatened mammary abscess. It is not, however, advisable in those cases immediately following labor.—*Denver Med. Times*, Aug.

Notes from Prof. Parvin's Clinic. —*When a child is very feeble, etc.*, at birth, Prof. Parvin adds whiskey to the water in which it is bathed.

To wash out the vagina during preg-

nancy, Prof. Parvin recommends the use of a solution of borate of soda, 3 j to Oj.

To slight *erosions on the nipples*, Prof. Parvin applies tinct. benzoin.—*Col. and Clin. Record*, Aug.

GYNECIC.

Cheron's Treatment of Chronic Pelvi-peritonitis. — The treatment of chronic inflammation of the pelvic peritoneum is in many cases tedious, and often very unsatisfactory. The pain, the tenderness, and the inflammatory deposits—the last in some cases simulating new growths, and not unseldom mistaken for them—are very slow in disappearing in many cases under methods of treatment hitherto employed. In consequence of these facts, we look with great interest upon a plan of treatment which Chéron has employed with remarkable success, and which he publishes in the June number of the *Revue médico-chirurgicale des maladies des femmes*. He uses hypodermatic injections of the crystallized phosphate of soda. The solution, which should be freshly prepared and carefully filtered, is made of one part each of crystallized phosphate and of sulphate of soda to twenty parts of distilled water. The quantity used for an injection is one drachm; it should be injected into the subcutaneous connective tissue, not into the subdermic. The injection should be made slowly, and massage of the part made for a minute or two. The injections are to be repeated every six or eight days.—*Phila. Med. News*, Aug. 15th.

Pyosalpinx. — Lawson Tait has the honor of first pointing out the symptoms and treatment of this disease. According to his views it is a chronic inflammation of the Fallopian tubes, caused most usually by an attack of gonorrhœa. In delivering a clinical lecture in Bellevue Hospital last October he remarked:

"Until I pointed it out some four or five years ago, the fact was not known, or, at least, had been completely lost sight of, that gonorrhœal inflammation spread along the Fallopian tubes and gave rise to immense mischief."

The tubes become inflamed and occluded, and the risk to life, he thinks, in pyosalpinx, from rupture of the tube and discharge of pus into the perinæum, is very great—so great, that the accident occurs in about 50 per cent. of the cases. The method of operating for the cure of pyo- or hydrosalpinx is by his usual abdominal incision. He cautions against operating from below, as some advise; indeed, he thinks it is dangerous.—*North Carolina Med. Jour.*

Galvano-Cautery — Uses of.—Prof. Waugh, Med.-Chir. Col., Phila., gives the following among other cases:

A lady consulted me for profuse leucorrhœa. Examination showed a small tumor springing from the inner anterior surface of the cervix. The slightest touch induced free hemorrhage, so that the view was obscured, and any operative procedure rendered difficult and uncertain. Having carefully introduced a Nelson's speculum, and waited for all hemorrhage to subside, I applied the cautery knife, at a dull-red heat, to the root of the tumor, and removed it with little difficulty. No hemorrhage occurred; the vessels being effectually sealed up by the heat.—*Med. and Surg. Rep.*, Aug. 15th.

Electricity in Uterine Diseases.—The following is the substance of an article by Dr. S. F. Starley, Tyler, Texas:

In a large proportion of the cases we are called upon to treat, we find, not only that the patient is suffering from some inflammatory engorgement of the uterus, but frequently also from hyperplasia and sub-involution of the organ as well. Now, in this state of things, I know of no equally effective means of getting a start toward breaking up the morbid condition, to that of the mild employment of the electrolytic action of the galvanic current, applied once every second or third day for from ten to fifteen minutes. When we remember that this effect of the constant current is to produce a chemical disturbance of the animal tissues through which it passes, the oxygen and acids going towards the positive, and the hydrogen and alkaline constituents toward the negative pole, we see at once that we have thus produced the most favorable condition for the absorption of the hyperplastic material, not only by the breaking up of its elemental combinations, but by the stimulating effect of electricity over the absorbent vessels.

In most cases of uterine diseases, we find the patient suffering from painful neuralgia, and other disturbances of the nervous system; and here we have in electricity, perhaps, the most potent and durable remedy

that we can possibly bring to the relief of our patients. Then there are the well-known *nerve tire*, and physical as well as mental exhaustion, that so constantly attend womb troubles of almost every kind. Such cases require tonics, and while our Materia Medica supplies us with so great a number of valuable remedies of this class, there are none, perhaps, so prompt in their effects, so general in their applicability, and so encouragingly satisfying to our patients, as faradization properly and perseveringly applied. It at once imparts to the patient a sense of renewed strength of both body and mind.—*Daniel's Texas Med. Jour.*, Aug.

Fibro-Myomas — Electricity.— The more conservative method of treating fibro-myomas by electricity is beginning to compare favorably with its bolder rival, the bloody operation. The former method, of applying a *weak, interrupted* current, and the active pole only within the vagina, is now superseded by the application of an *intense, constant* current, with the active pole within the uterus. The advocates of this new method of procedure claim for it a great superiority over the former.

Dr. Apostolie, of Paris, records more than 100 cases in which recovery was complete. The tumors did not disappear altogether, but they atrophied and shrank away.—*N. C. Med. Jour.*

Hystero-Epilepsy Cured by Cauterization of the Clitoris.—Dr. Hinze reports a case of supposed hystero-epilepsy, which was cured (?) by three applications of nitrate of silver to the clitoris. From July 14th to August 12th, the patient had fifteen convulsive attacks. On September 22d, the three cauterizations having been made within a period of a little less than six weeks, she was discharged apparently well. (*St. Petersburgh Med. Wochensch.*)

It would seem advisable to try the effect of this remedy in cases dependent upon local irritation, before resorting to the grave operation of oöphorectomy.—*Detroit Lancet*, Aug.

Pelvic Hæmatocele.—Dr. C. A. L. Reed, of Hamilton, read a paper on this subject to the Med. Soc., State of Ohio. He thought there was much of fiction in the common remark that there is no danger from the puncture of a trocar. He favored the evacuation of coagula, and thought that the demands of science and humanity called for some means of controlling the initial hemorrhage. He believed that the operation by incision along Poupart's ligament, and the elevation of the peritoneum, was a valuable procedure in cases in which the accumulation lay beneath the broad ligament. In view of the extreme probability of septic troubles, we were justified in some simple expedient to control the initial hemorrhage. This could be done by simple ligation of the vessels beneath the broad ligament. It was not the serious operation it had been pictured.—*New York Med. Record.*

Perforation of the Intestine Caused by a Bimanual Examination. — Dr. Schwarz relates the case of a woman, forty-six years of age, who had suffered for a long time from a fibrous tumor of the womb. Shortly after a bimanual examination the patient was seized with peritonitis, and died. The writer supposed that the inflammation was caused by a rupture of the uterus and the passage into the abdominal cavity of some mercuric chloride contained in a vaginal douche. At the autopsy, however, he found that there had been adhesions of a loop of intestine to the uterus, and these adhesions had been broken and the gut ruptured by the manipulations, notwithstanding the fact that the examination had been conducted with great gentleness owing to the tenderness of the womb. —(*Jour. de méd de Paris*) *N. Y. Med. Record*, Aug. 29th.

Scirrhous Carcinoma of the Breast. —Dr. W. H. Iszard, of Camden, N. J., assisted by Drs. Ireland and W. A. Davis, recently removed a scirrhous carcinoma weighing between four and five ounces from the right breast of a woman æt. 33 years. She first noticed the tumor as a small, hard lump about seven months ago, but did not call Dr. Iszard's attention to it for about six months, when he advised its early removal. About two weeks later Dr. Iszard removed it, by making two elliptical incisions on a line with the pectoral muscles, severing but three small vessels. These were immediately closed by the use of serrafines. The tumor was firmly adherent to the pectoralis minor. It and all the involved glands were removed, yet saving the nipple, which was not yet retracted, and a portion of the breast, leaving very little or no deformity. The parts were then well cleansed with car-

bolized water, stitched with iron-dyed silk ligatures, and a three-quarter-inch space was left for drainage at the lowest part of the incision. Three compresses were then placed, one below, one above, and one directly over the dressing, and a firm bandage applied over all. The patient did not suffer any pain after the operation. The wound healed rapidly and she is now attending to her household duties.—*Med. Bulletin*, Aug.

Mennorrhagia—Hamamelis.— Prof. Parvin has obtained excellent results in uncomplicated cases of menorrhagia from the administration of ɱxx of the fluid extract of hamamelis every four hours. He frequently directs the patient to take from eight to ten grains of quinine daily also.—*Med. Bulletin*, Aug.

Oleate of Manganese in Amenorrhœa.—Dr. Franklin H. Martin read a paper at the Chicago Med. Soc. on its method of application. He recommends that one drachm of a twenty-per-cent. solution of the oleate of manganese in oleic acid be applied to the abdomen of the patient, and its absorption promoted by friction with the hand. In amenorrhœa it should be applied, if possible, every night for a week preceding the expected menstrual period, or at the time menstruation is due, and until it makes its appearance. In menorrhagia or metrorrhagia it should be applied in smaller quantities every night, until the desired effect is produced. Of about a dozen cases in which the oleate has been prescribed by him, but four had reported. The success in these four was all that could be wished. Three of the four were cases of *atonic amenorrhœa;* the fourth, irregularity due to approaching menopause.—*Jour. Amer. Med. Ass'n*, Aug. 29th.

Treatment of Persistent Metrorrhagia.—

℞ Ergotine (Bonjean's) . . . gr. xlv.
Rutæ pulv.,
Savinæ pulv. . . . . āā gr. xxij.
M. Ft. pil. No. xxx.
SIG.—Take two pills daily, and increase to four.

—(*Revue de thérap.*) *Phila. Med. News*, Aug. 15th.

Vaginitis — Granular.— In cases of *leucorrhœa*, associated with granular vaginitis, Prof. Parvin uses for the latter condition nitrate of silver, combined with a tampon saturated with 3j each of alum and bismuth; the tampon to remain twenty-four hours. For simple cases of *leucorrhœa*, he uses an injection of chlorate of potassium, 3j to Oj.—*Col. and Clin. Record*, Aug.

Treatment of Lumbar Neuralgias Coming from Affections of the Uterus.—Dr. Naudin recommends the following:

℞ Chloroformi, ... 10 grammes.
Ætheris, ... 25 "
Tinct. opii, ... 6 "
Glycerini, ... 90 " M.
SIG.—Rub on the painful part morning and night.

—(*Paris Letter.*) *Phila. Med. Times*, Aug. 22d.

Uterine Fibroid—Internal Medication.—Prof. Parvin placed a woman with *uterine fibroid*, upon the following:

℞ Ergotin, ... gr. j.
Ferri sulph. exsic. . . . . gr. j.
M. Ft. pil. No. 1.
SIG.—Ter die. Persistently used.

For the accompanying hemorrhages a tampon saturated with tinct. iodine or Monsell's solution.—*Col. and Clin. Record*, Aug.

PEDIATRIC.

Cure of Infantile Paralysis by Electricity. — In a remarkable memoir on infantile paralysis, Dr. Dive (*Revue mensuelle des maladies de l' enfance*, June, 1885) assigns to the action of cold an important part in the etiology of this morbid process. Out of 140 cases, which form the basis of this monograph, the author has, in 37 instances, been able to find a direct causative influence in exposure to cold. In 19 cases the disease occurred as a complication of typhoid fever; in nine cases it apparently was due to some inherited nervous defect; in 3 cases the parents were intemperate; and in the 13 other cases the attacks were recurrent, without any distinctly determinable cause.

The author believes that the best means of treatment consists in the application of electricity, combining the galvanic currents with the faradic, although the galvanic currents alone may be successful in the production of a cure, provided treatment commence in the earliest stages of the disease. It is necessary to make use of a battery with constant current and feeble chemical action, and to pass the current down the

spinal cord, so as to act on the seat of the lesion, which resides in the anterior horns of the spinal cord. This mode of treatment must be persisted in for several weeks, and then the paralyzed and atrophied muscles subjected to the action of the faradic current, while, during the same sitting, the positive pole of a constant current is placed on the vertebral column, at the seat of the lesion, and the negative pole on the path of the nerve, passing to the atrophied muscles. Finally, during the last three minutes the continuous current must be passed through the vertebral column. The applications should be made on alternate days.—*Therap. Gaz.*, Aug.

Retention of Urine in a Child of Six Months.—M. Arnozan, in the *Jour. de méd. de Bordeaux*, reports the case of a child, six months of age, who suffered from retention of urine. The child had previously been healthy, and had had no difficulty in urinating, but when seen by M. Arnozan had not urinated for thirty-six hours. It cried and vomited. The bladder was found firm and full in the hypogastrium. The testicles were retracted. The penis and perineum presented no abnormal condition. Catheterization was performed without difficulty with a small elastic Charrière catheter, and urine, very dark but clear, to the amount of nearly four and a half fluid ounces was drawn from the bladder. The child at once was relieved, and went to sleep. Two or three days subsequently the urine became slightly purulent, and catheterization was continued for ten days, at the end of which time urination occurred spontaneously. Catheterization was required subsequently but once. The child since the attack has been in good health, but when suffering even from slight indisposition, slight transient difficulty in micturition is manifested.—(*L' Abeille méd.*) *Phila. Med. Times*, Aug. 1st.

External Use of Chloral-Hydrate in Night-Sweats.—In the *Vratch*, Dr. Nikolaï emphatically recommends the treatment of night-sweats (in phthisical as well as in all weak patients) by daily (at bedtime) sponging the whole body with a solution of two drachms of chloral-hydrate in two glassfuls of equal parts of water and *vodka* (aquavitæ), at the temperature of 15° to 18° Reaum. (65.75° to 72.5° F.). In exceptionally obstinate cases, it is advisable, in addition to the sponging, to put on the patient a clean shirt soaked in the chloral solution, and then carefully dried. The procedure is well borne by the patients. The best results were obtained by the author in children suffering from non-phthisical night-sweats, three or four spongings being often sufficient to check profuse perspiration of several weeks' duration. The author is not aware of any contra-indications to the plan above described.—*London Med. Record.*

Cholera Infantum.—Dr. W. B. Ryan states that he has found the following prescription absolutely infallible in controlling the vomiting and diarrhœa of cholera infantum :

℞	Ext. balladonnæ fl. . . .	ʒ j.
	Tinct. opii camph.	ʒ iss.
	Sodii sulphis	℈ iiss.
	Syr. limonis . . q. s. ad.	ʒ iij.

M. SIG.—One teaspoonful every two or three hours, or more frequently if necessary. [For a child one year of age.]

—*Med. Bulletin*, Aug.

Intestinal Catarrh of Children.—Dr. J. M. Keating recommends the following as a very valuable remedy in the treatment of vomiting in the intestinal catarrh of children :

℞	Sodæ bicarb.	gr. xv.
	Creasotæ	♏ij.
	Syrupi acaciæ	f ʒ ss.
	Aquæ lavandulæ	f ʒ j.—M.

SIG.—Teaspoonful.

* * * * * * *

As the most valuable prescription for the treatment of cholera infantum, he recommends the following :

R	Morphiæ sulph.	gr. ½.
	Acid. sulph. aromat. . . .	gtt. xxxij.
	Sp. vini gallici	f ʒ ij.
	Syrup simp.	f ʒ ss.
	Aquæ anisi. . . q. s. ad.	f ʒ ij.

SIG.—Teaspoonful every hour.

—*Arch. Pediatrics*, July.

Cocaine in Infantile Coryza.—As is well known, the coryza of nursing infants may, by preventing suckling, prove a very serious affection. It can be cured, however, according to Semtchenko (*Gazette méd. de Paris*, June 6, 1885), by the introduction into the nasal cavity six times daily of two drops of a two-per-cent. solution of the hyrochlorate of cocaine. According to the author, children which previously had obstinately refused to nurse will commence to suckle a few minutes after the first application of the cocaine, and the coryza is

ordinarily cured after about four days of this treatment.—*Therap. Gaz.*, Aug.

Tape-Worm in a Young Infant.—At the June meeting of the District Medical Society for the County of Hudson, N. J., Dr. S. A. Helfer, of Hoboken, exhibited portions of a tape-worm, in all about five feet in length, removed from a nursing infant five months old.—*Arch. Pediatrics*, Aug.

Calmative for Teething Children.—M. Vigier (*Gaz. hebdom. de méd. et de chir.*) gives the following formula of a *sirop de dentition :*

Hydrochlorate of cocaine . .	1½ grains.
Tincture of saffron	10 drops.
Syrup	2½ drachms.

The painful gums are to be gently rubbed with this syrup several times a day.—*N. Y. Med. Jour.*, Aug. 22d.

Diarrhœa of Infancy.—Albuminate of tannin (made by adding the white of an egg, previously beaten with water, to solution of tannin) has been found very useful in the treatment of diarrhœa in young infants.—*Birmingham Med. Rev.*, Aug.

SURGICAL.

German Surgery.—A correspondent writes from Leipzig to one of our contributors : I have been spending much time here, and have found Leipzig very convenient for work ; it is also within easy reach of Professor Volkmann at Halle. Professor Thiersch has been very kind to me, and I have seen a good many cases of much surgical interest : excisions of the rectum, pylorus, kidney, etc., besides numerous joint and plastic operations. Volkmann is a splendid operator ; I think he excels in excising the rectum. Celerity in operation seems to be aimed at both here and at Halle ; this is obtained by ignoring hemorrhage to a much greater extent than we do in England. Enormous quantities of corrosive sublimate are used for irrigation at Halle. The dressings are, first, a small piece of gauze highly charged with iodoform, and then a large bag of what they term "turf-moss." I think it corresponds to our heather. It is prepared by washing, soaking in carbolic acid, and, lastly, drying. On my way here, I stayed a few days in Hanover, and saw several operations performed by Dr. Lindemann. He showed me a very ingenious apparatus for supporting the head in cervical caries. His cases of amputation and necrosis were all in baths of potash or soda. I saw an extraordinary case of an old woman, who had a large portion of the dura mater exposed and pulsating without any symptoms. The primary disease was abscess and necrosis of the walls of the frontal sinus. I have seen the medulla of the long bones scraped out several times. After excision of the knee, iron nails four inches long are used to fix the bones. They are removed at the end of three weeks. Professor Thiersch had a very good case of epispadias the other day. He divides the operation into three stages, and he showed me a man upon whom he had operated thirty years ago, and who now has a wife and family. I also witnessed a good case of skin-grafting. Grafts, of the size of half-a-crown, were taken off the arm of a patient by means of a microtome-razor, and placed on a huge ulcer of the leg. They did well. Before all operations, a great deal of ether is used to cleanse the skin. The plaster-of-Paris jackets are made extremely well here, very light, yet strong ; the plaster is certainly of very good quality. A curious case occurred the other day, rupture of the adhesions of an ovariotomy-wound on the eighth day after removal of all the sutures. The bowels protruded, and were exposed for some time, but after washing they were returned, and the woman recovered without a bad symptom. In operations for cancer of the tongue, the lingual artery is always tied as a preliminary to the main operation. I also saw a palate which had been shot away, and successfully filled up by skin from the cheek. It was curious to see hairs growing in the roof of the mouth.—*British Medical Jour.*, Aug. 8th.

Remarkable Surgery.—A Berlin secular journal gives an account of a singular feat of surgery performed recently by Prof. Bergmann, of that city. Two cases presented themselves simultaneously to the professor's surgical clinic, one a necrosis of the humerus and the other an amputation of the femur. The necrosis of the humerus called for an extensive removal of dead-bone tissue, which Bergmann supplanted by a large piece from the amputated femoral bone. Perfect success attended this certainly unique surgical procedure.—*Therap. Gaz.*, Aug.

Transplantation of Large Skin-Flaps on Fresh Wounds.—Esmarch (*Centralbl. f. Chirurgie*, No. 29, 1885), of Kiel, speaking before the Wiesbaden Congress, referred to his success in numerous cases of making large tegumental graftings. He showed four pictures intended to illustrate the subject.

The first picture showed the nose of a lady who for the past ten years had suffered from a rodent cancer of the nasal bridge, and was twice operated upon in Berlin with the sharp spoon and subsequent thermo-cautery. A skin-flap of a proportionate size was taken from the left arm, and, after carefully removing all fatty particles, was fastened on four different places to the affected place, which had previously been carefully denuded, including its healthy margins. In four months there was but little difference in color between the transplanted portion and surrounding healthy tissues.

The second picture showed a pigmented mole at the external angle of the eye, which greatly disfigured the face. The mole was removed, and the loss of substance covered by two slender flaps taken from the arm. All three wounds healed rapidly by first intention. The third picture showed the gratifying results of the operation after three weeks. The fourth picture showed the healing of two flaps taken from the arm and transplanted to the chin, where a severe injury had necessitated the removal of a large skin-area.

The careful removal of fatty and loose cellular matter is of prime importance for the success of this operation. The flap must be considerably larger than the exact size of the denuded surface requires, as great contraction of the grafted surface always ensues. Strict antiseptic precautions are of course *conditio sine qua non*.—*Therap. Gaz.*, Aug.

Resorcin in Malignant New Growths.—In the *Russkaia Meditzina*, No. 6, 1885, p. 121, Dr. G. J. Gatchkovsky, of Rybinsk, details four cases of cancer-like new growths, in which he, following the instance of Dr. Mannino (*Zeitschr. für Therapie*, No. 12, 1883. p. 132), applied locally resorcin, either in substance or in the shape of a 50-per-cent. vaseline ointment. In two cases of what seemed to be epithelioma of the lower lip, complete cicatrization followed after eight and five weeks' treatment; in one of them there was no return up to the date of the article (thirteen months have elapsed); but in the second case, by the end of two months the cicatricial tissue became exulcerated, and lancinating pain reappeared; the ulcer again healed under resorcin treatment of three weeks' duration. A third patient, a woman aged fifty-six, presented a malignant tumor of the anal margin, as large as a hazel-nut, and diffuse cartilaginous infiltration of the lower part of the rectum. The tumor entirely disappeared after fifteen days' powdering, twice a day, with resorcin; subsequently, daily rectal suppositories with 20 grains of resorcin were administered, but unfortunately the patient soon left the town, and thus was lost out of sight. A fourth patient, a woman, aged 45, was admitted to the hospital about a month before her death, with advanced cancerous destruction of the whole right half of the tongue, and with induration of the submaxillary lymphatic glands. Powdering (twice daily) with resorcin rapidly removed the offensive odor and hemorrhagic tendency, and also greatly improved the general state of the ulcer. Dr. Gatchkovsky found resorcin in powder of great use also in cases of acuminated condylomata and fungus umbilici.—*London Med. Record.*

Surgery of Cysts of the Pancreas.—The *Amer. Jour. of the Med. Sciences* for April contains an exhaustive paper, by Dr. Senn, of Milwaukee, on the "Surgical Treatment of Cysts of the Pancreas," an affection which, for obvious reasons, is not only extremely difficult of diagnosis, but rarely comes under the domain of the surgeon.

In his own case, that of a young man nineteen years of age, a cyst, containing three quarts of fluid, had developed in five weeks, as the result of a severe fall and blow, through which it was assumed that the pancreatic duct had been lacerated, that the pancreatic fluid infiltrated the gland, and that the cyst formed at the expense of its parenchyma and by distension of its capsule. For the first two weeks after the injury, diarrhœa and vomiting were prominent symptoms, and were followed by the appearance of a round, smooth, fluctuating, and painless tumor, which, on admission to the hospital, was found to occupy nearly the whole epigastric and the entire left hypochondriac region. The cyst was exposed by an oblique

incision, five inches in length, made through the abdominal wall over its most prominent portion; the omentum, covering and slightly adherent to the cyst, was opened by an incision three inches long; the fluid was evacuated by cutting into the sac, and the edges of the incision were united to the parietal peritoneum, which had previously been stitched to the skin. Two large drainage-tubes were inserted, antiseptic dressings were applied, and the cure was complete in eight weeks.

The case of Dr. Senn is the sixth on record in which cysts of the pancreas have been subjected to operative interference. In 1881, Rokitansky attempted extirpation of the sac, but this was rendered impossible by the firm and numerous adhesions, and death ensued from purulent peritonitis. Nine months subsequently, Bozeman successfully removed a cyst, which, with its contents, weighed twenty-one pounds and a half. In the remaining four cases, in the hands, respectively, of Kulenkampff, Gussenbauer, Thiersch, and Senn, pancreatotomy was performed, and all of the patients recovered, one having a permanent fistula. From the deep situation of the pancreas, the shortness or absence of a pedicle, and the anatomical relations of the organ, extirpation is of doubtful propriety, while antiseptic incision appears to be a safe and efficient procedure, although it may subject the patient to the annoyance of a persistent fistula.—*Phila. Med. News*, Aug. 1st.

Radical Cure of Cancer of the Rectum.—Maurice Polosson, in an article on this subject in *La Lyon méd.*, proposes to operate for the radical cure of cancer of the rectum by first performing colotomy, and then making a secondary operation for extirpating the cancer. The preliminary operation renders the extirpation of the neoplasm more easy and less subject to subsequent complications. Polosson has tested this method in one case, making the artificial anus in the iliac region. This case recovered.—*Jour. Amer. Med. Ass'n*, Aug. 22d.

Cure of Crooked Noses.—This subject is renewed, to give Dr. Roberts' original method more in detail than formerly. He says: "With a scalpel introduced through the left nostril, I perforated the cartilaginous septum at its upper and back part, and made a long incision through it in a direction downwards and forwards. This permitted me to push the whole of the external portion of the nose to the left, thereby straightening the cartilaginous septum, and overcoming to a great extent the lateral deformity. To retain the parts in this position, I introduced a steel pin, about one and one fourth inches long, into the right nostril, and passed it completely through the anterior and upper segment of the divided septum, near the columella. Having the unmovable portion of the septum thus transfixed, I was enabled, by carrying the head of the pin to the left, to move the anterior part of the nose to the left, and retain it there by imbedding the point of the pin deeply in the unmovable cartilaginous septum and mucous membrane at the back of the left naris. In other words, I incised the deformed cartilage, and pinned it in position very much as you would pin a flower in the buttonhole of a coat." The novelty of Dr. Roberts' method consists merely in pinning the parts in position until cicatrization takes place—a method, he claims, which leaves no noticeable scar, is not troublesome to the patient, and is applicable to those slight deformities whose chief annoyance is an æsthetic and cosmetic one. The pins are left in position about two weeks.—*Boston Med. and Surg. Jour.*, Aug. 13th.

Treatment of Stone in the Bladder.—Mr. Reginald Harrison, at the conclusion of an elaborate paper upon the treatment of stone in the bladder, says, in reference to the management of hemorrhage:

The treatment of immediate and secondary hemorrhage in cases of lithotomy, prostatotomy, and cystotomy, has given me much consideration, as in a large experience of these operations instances of these complications have from time to time arisen. When an artery has been divided, and is evidently spouting, it must be tied; this can generally be done with the aid of retractors without much difficulty; to plug a spouting vessel, if it is possible to avoid it, is to court the recurrence of a bleeding. More usually I have noticed, as in section of the prostate and adjacent parts, this bleeding is of a freely oozing nature, as if from spongy textures, but in this way many ounces of blood may be quickly lost. I have invariably noticed in the cases referred

to, when the bleeding has been of this oozing nature, how easy it is to control it with the point of the finger introduced and well carried into the bottom of the wound, sometimes even by the finger in the rectum. For the finger in the wound I now substitute a lithotomy tube of a size which precisely fits the wound-cut in the bladder that has been made. I have them made of different calibres, so that they may fit with tolerable accuracy. They are tied into the bladder by the usual perineal band, and drainage through them is carried on by the inner rubber tube, which can be changed at will, and by which the bladder is washed out and the urine carried into a vessel by the patient's bedside.—*Annals of Surgery.*

Cocaine in the Avulsion of Ingrowing Toe-Nail.—Dr. F. Peyre Porcher writes: A lady came to me after undergoing very great suffering all winter from the ingrowing of both toe-nails. She had been incapacitated for taking exercise; there was loss of sleep, and her health was being undermined.

As it was a condition precedent that there was to be *no pain*, chloroform was promised if required, and I proceeded as follows:

A four-per-cent. solution of hydrochlorate of cocaine was instilled, drop by drop, from the point of a hypodermatic needle, upon the slightly raw surfaces in the furrows on each side of the ingrowing nail of the big toe. A rag, wet with the same, was kept pressed against the upper surface of the toe, and three injections of this strength were made hypodermatically in the flesh at the base of the nail, just above the matrix. The tissues here being thin, and not very cellular in structure, probably ten to fifteen drops may have been received and absorbed.

After the lapse of fifteen minutes, the narrow blade of a fine-pointed pair of scissors was passed under the nail, which was divided to the matrix, when the two portions of nail were forcibly extracted with strong forceps, and any shreds of nail remaining at the roots were cleared out.

Having remarked that the operation was finished, the lady, who had not winced, expressed great surprise. After three days she was well enough, wearing a light slipper, to visit friends some miles in the country, and three days later returned to her home in one of the upper counties.

I had witnessed a similar operation performed by a gentleman in this city, which was successful.—*Med. and Surg. Rep.*, Aug. 22d.

Treatment of Scars.—Dr. Prewitt exhibited to the St. Louis Medico-Chirurgical Soc. a case illustrating the healing of scars. This patient, a number of years ago, was kicked in the face by a horse. No physician saw the wound. It was dressed with cloths; perhaps a little alcohol or something of that sort was applied to it, and it was allowed to heal. The result was that it produced not only a scar, but a depression several lines in depth at one point that disfigured the face very considerably. A photograph was shown which, by using a magnifying-glass, gave an idea of the depth and extent of the scar. The scar extended from the border of the lip up to the malar bone, and drew the lip up, and occupied the breadth of at least three quarters of an inch in each direction at its broadest part. Dr. Prewitt simply cut out the scar, cut under the depressed portion, drew the cheek a little forward and the lip downward, whereas it was drawn up before, and then put in three pins, two bringing the edges of the wound together, and the third one beneath a portion of the integument which had been detached at the depression so as to bring the deeper portions in contact, causing union. A linear cicatrix resulted. A little redness still existing at the points where the pins passed through, will, of course, disappear, and the improvement is very decided, not only in the appearance of the face, but in the outline of the mouth as well.—*St. Louis Cour.-Med.*, Aug.

Galvano-Cautery—Uses of.—Prof. Waugh, Philadelphia, reports several cases, including the following: A lady had been long afflicted with nasal polypi. She had had them removed a number of times, but they had quickly reappeared. Ordinarily, we remove a few at each sitting, with forceps or wire snare, stopping when compelled to do so by the hemorrhage which obscures the view. In this case, after using the snare, I applied the cautery to the cut surface to check the bleeding, and was enabled to complete the operation at one sitting. I noticed then, that the patch of membrane from which the growths sprang was studded with minute polypi, ready to develop at once, when the pressure of the

larger tumors was removed. This surface was cauterized by passing the knife lightly over it; and there has been no return of the polypi.

I do not mean to imply that the galvanically-heated knife is different in its properties from any other cautery, but practically it is vastly more convenient. In operating upon hypertrophied tonsils in children, we must not heat the knife until it is touching the tonsil, and the child need not know that heat is used; while few children would remain quiet if you approached them with a cautery iron just drawn from the furnace.

When one has become familiar with this instrument, he finds many other uses for it. Hypertrophy of the nasal mucosa, hemorrhoids with relaxed sphincter ani, warts, condylomata, pingueculæa, sluggish ulcers, and numberless other affections may be advantageously treated by it, even by physicians who have not the training of the specialists.

The apparatus I use was constructed by Otto Flemming, of this city, and leaves little to be desired in the way of durability, cheapness, and efficiency. It is so simple in management that a child could operate it, and it does not get out of order. In the one quality of portability it is excelled by the Paquelin thermo-cautery.—*Med. and Surg. Rep.*, Aug. 15th.

Experiments Upon Engrafted Bone.—Dr. Ambrogio Ferrari, after a long series of experiments upon the phenomena attending the engrafting of bone, reaches the following conclusions:

1. Pieces of bone engrafted into the shaft of a long bone become completely united and continue to live.

2. They not only continue to live, but also grow.

3. That such results follow without reference to the position in which the engrafted bone is placed.

4. The reunion of grafts occurs by a true vascularization which takes place between the engrafted bone and that into which it is introduced.

5. That a bony callus, periosteum, and medulla are formed in relation with the engrafted bone.

6. That, as in fracture, this callus possesses a temporary vitality.

7. That after a certain time the callus, periosteum, and medulla are absorbed, and the engrafted bone is nourished only by a greater vascularization.

8. That grafting occurs more completely if the inserted bone is in exact adaptation with the margins of the bone receiving it. While this observation is not verified, in a case where the opposite condition existed, a longer time was necessary for union to take place.

9. The most complete and careful antisepsis is required in order that complete union of the engrafted bone may occur.

10. The engrafting of several pieces of bone succeeds completely.

11. That in case of engrafting of several pieces of bone with partial suppuration, union of some of the pieces may take place provided suppuration does not extend to that portion of the engrafted bone in communication with the medulla.

12. Besides antiseptic precautions compression is required to maintain contact between the medulla and the pieces of bone engrafted in order to obtain a successful result.—(*Gazetta degli Ospitali*) *Phila. Med. News*, Aug. 15th.

Abscess of Both Frontal Sinuses.—Dr. Charles S. Bull, of New York, read a paper to the Amer. Ophth. Soc. on this case: The patient had been hit on the forehead fourteen years previously with a piece of wood. This produced a fracture of both nasal bones and deviation of the septum. In seven weeks the wound had closed. Ten years after the accident a swelling was noted at the upper inner angle of the right orbit which could be made to disappear by pressure. There was complete ptosis. An incision was made into the swelling just beneath the orbital margin, and a large quantity of pus escaped (two or three ounces). The cavity was washed with a five-per-cent solution of carbolic acid. No connection with the superior nasal meatus could be detected, but the bony septum between the two frontal sinuses was absorbed, and both sinuses were converted into large cavities. The entire ethmoid bone was an immense cavity, the bony structure being absorbed. A number of osteophytes were removed. A drainage-tube was introduced. The patient was discharged six weeks after the operation, and recovered completely. The ptosis disappeared, and the eye was restored to the normal plane.—*N. Y. Med Record*, Aug. 8th.

Trephining the Frontal Sinuses.—Mr. Ogston, of Aberdeen, states that he has practised the operation in several cases of obstinate catarrhal disease, in which other treatment was unavailable. The symptoms indicating this measure were constant pain at the root of the nose and above the orbits, increased on deep pressure, with periodical discharges of thick, yellow pus. The operation consists in making a vertical incision two centimetres long in a median line, between the eyebrows, after which the periosteum is carefully lifted from the bone and the sinuses are opened with a small trephine. The diseased mucous membrane is removed with a sharp spoon, and a strong solution of chloride of zinc is applied to the interior of the cavity. Drainage is established through the nose.

This radical procedure (by no means new, since it was practised by von Langenbeck) has received a decided impetus at Mr. Ogston's hands; but, in spite of the fact that he reports a cure in every case, and with no recurrence of the trouble, conservative surgeons will be apt to hesitate before resorting to a measure that seems to be of such an heroic nature.—*Boston Med. and Surg. Jour.*

Intestinal Suture after Enterectomy.—A Paris correspondent writes that MM. Duplay and Assaki have tested a new method of intestinal suture on animals. One end of the divided intestine is invaginated into the other, and the mucous membrane of the upper end is immediately in contact with that of the inferior. A double thread is passed through the canal thus formed, and only two or three superficial sutures are then inserted. About fifteen days after the operation the passage is perfectly free. Microscopic examination demonstrated that there was uninterrupted continuity of the serous membrane, and not the slightest indication of an inner valvular projection.—*British Med. Jour.*

Tumors in Animals.—Mr. J. R. Bland Sutton, F.R.C.S., London, in an elaborate study of tumors in animals, reaches the following interesting conclusions:

1. No tumors are peculiar to man; certain forms occur with greater frequency in him than in other animals, notably the cancers. This may depend on paucity of observations, but the conclusion is warranted by our present knowledge.

2. Sarcomata, fibromata, osteomata, and enchondromata are the most widely diffused of all growths; they occur in fish and all intermediate forms up to man. We have reliable evidence of the occurrence of osteomata in extinct forms; these growths constitute an ancient inheritance.

3. Fatty tumors are almost entirely confined to animals long domesticated,—the ox, horse, sheep, etc.

4. Odontomata are of frequent occurrence in mammals.—*Phila. Med. News*, Aug. 8th.

Aseptic Hands.—Professor Forster, of Amsterdam, recently determined to ascertain how the hands could be made absolutely free of germs. His experiments showed that washing in a 2½-per-cent. carbolic solution was useless, as was also the plan recommended by Billroth—viz., with sublimate and 10-per-cent. solution of phenol in glycerine. Washing them, however, in aqueous solution of sublimate, 1 or 2 per 1,000, after a previous thorough washing with soap and water, sterilized them so completely that the most delicate nutrient solutions gave no subsequent trace of growth of fungi. The practical bearings of such a demonstration are sufficiently obvious without enumeration in detail.—*London Med. Press*, Aug. 19th.

Dislocation of the Metacarpal Bones.—Mr. Morgan's interesting communication has reminded me of a case which was under my care some years ago. A man, aged 77, was kicked by a horse on the back of the left hand, with such force as to dislocate the second, third, and fourth metacarpal bones backwards. Reduction was effected, without the aid of chloroform, about two hours after the accident had happened. A good deal of force had to be exerted. There was no tendency after reduction to a return of the dislocation.

As Mr. Morgan says, authorities are mostly silent with regard to the dislocation of the metacarpus. In the Museum of the Royal College of Surgeons there is—or was—a specimen of partial dislocation of the fourth metacarpal bone backwards. It seems to have lost its connection with the os unciforme only, being still articulated with the os magnum.—(Thos. F. Raven, Broadstairs) *British Med. Jour.*, Aug. 22d.

Sprains—Elastic Bandage.—This method of treating sprains has recently

been revived by Mark See. It is the only method which fulfils the two indications: 1. To cause as rapid absorption as possible of the blood extravasated around the joint (a lesion which controls all the other symptoms, such as pain, swelling, difficulty of movement, etc.) 2. To favor cicatrization of the torn ligaments and ruptured parts by complete immobilization. The bandage should be applied to the skin itself, care being taken to fill up the flat and depressed places with wadding, so as to give a uniform surface around the joint for the bandage to act upon.—(*Revue de thérap.*) *N. Y. Med. Times*, Aug.

Cocaine Used in the Extraction of a Bullet.—At Swansea a bullet has been removed from a would-be suicide, cocaine being used to deaden sensation. The bullet traversed the chest almost in a direct line and became embedded in the thick muscles of the back by the side of the spine, sufficiently superficial to be felt; therefore the amount of dissection necessary for its removal was very little, certainly not half an inch in depth. The cocaine was successful in removing all sensation from the part to which it was applied; but Mr. Joseph Davies, under whose care the patient lies, states that it exhibited no other property than, as is within the knowledge and experience of most surgeons, has already been demonstrated with regard to its power when employed for small operations on the eye, etc., and in the removal of small tumors.—*London Lancet*, Aug. 29th.

Treatment of Nævus by Ethylate of Sodium.—For some months past ethylate of sodium has been extensively employed by me in the treatment of cases of nævus occurring in children, and up to the present I have every reason to be satisfied with its use. I paint over the nævus two coatings of the ethylate on two consecutive days, taking care to protect the surrounding skin before the application, and in all instances of superficial nævi thus treated, have found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or even in some cases a third, repetition of the remedy.

It seems to leave less scar than nitric acid, to cause less pain to the child, and, undoubtedly, of all applications, is the one least dreaded by the mother.—(Samuel Welch, M. R. C. S.) *Brit. Med. Jour.*, Aug. 22d.

Drainage of Wounds.—Mons. Houzel, of Paris, has devised an ingenious application of drainage to the antiseptic treatment of wounds. Two-inch rubber drainage-tubes are placed in the wound, and the part in contact with the wound presents numerous apertures. The other end is placed in a receptacle containing the antiseptic solution, below the level of the wound; this arrangement establishes a suction movement which withdraws the pus. An antiseptic dressing is also used to protect the wound from air.—*Medical World.*

Resection of the Sternum for Retro-Sternal Abscess.—M. le Fort communicated an interesting case of resection of the sternum for retro-sternal abscess in a man of middle life. The general state of the patient was very grave, death being imminent from suffocation. Two inches and a half of the bone was resected, and a considerable amount of pus evacuated. The patient, who only consented to the operation with the hope of dying under it, refused all nourishment and tore off the dressing several times. On the third day he died, and the autopsy showed that operation was well done, the mediastinum not being in any way interfered with.—(Paris Letter) *London Med. Press.*

Plaster-of-Paris Dressing.—Dr. G. Krosz writes to the *Deutsch med. Zeit.*, that the removal of a plaster-of-Paris dressing is greatly facilitated by first scraping a groove with a knife, and then dropping along it a solution of caustic soda. In a few minutes the plaster becomes pulpy along this line, and the bandage can then easily be cut through. If two lateral grooves be made, instead of one, a lid can be cut out of the bandage, the leg can be lifted up for the necessary inspection and returned, the lid being reapplied and retained with a roller bandage. In this way the plaster dressing is not cracked, and the limb is not jolted in the effort to remove the bandage. By this method, also, it is a very easy matter to cut any fenestra that may be needed.—*Med. and Surg. Rep.*, Aug. 22d.

Union of Fractured Teeth.—Dr. Wingate reports eight cases of united fractures in teeth from Carbondale, where there is a large class of miners amongst whom

accidents are common. As these teeth were all extracted on account of the pain and discomfort caused by their distorted shape, it is probable that united fractures in teeth are much more common than has been supposed, for these teeth represent the failures only ; the successful cases, not giving trouble, were never recognized.—*London Med. Times*, Aug. 8th.

Antiseptic Ointment. — Dr. E. B. Ward, of Greensboro, Ala., writes : The antiseptic ointment mentioned in your last paper by Dr. M. B. Ward is very much like the one I have been using for some time in my practice. The one I use and which has given splendid results in wounds and sores, is composed of iodoform, subnitrate of bismuth, and vaseline. For chronic ulcers I add calomel to this. I have had wounds heal very readily with this ointment."—*N. Y. Med. Record*, Aug. 15th.

MISCELLANEA.

Explosive Physic.—A list has just been published, in the *Union Pharmaceutique*, of accidents which have recently occurred during the preparation or carriage of explosive substances used in medicine. At Strassburg, a chemist's assistant was changing some lycopodium powder from one bottle to another ; the particles that escaped mixed with the air, a jet of gas was burning, and a slight explosion occurred. The frightened assistant dropped the jar containing the lycopodium, the room was at once filled with the powder, and a violent explosion took place. Chlorate and permanganate of potash are also dangerous. M. Meyet has stated that a tooth-powder composed of chlorate of potash and cachou has been known to explode in the mouth of a person engaged in brushing the teeth. A druggist who dried some hypophosphite of lime in a receptacle containing sand was killed by the explosion. Oxalate and citrate of lime are also explosive, but only at a high temperature. Pills of permanganate of potash have been known to explode spontaneously. A mixture of perchloride of iron and glycerine exploded in the pocket of a patient who carried it. An eminent chemist at Paris prepared ozone with powders composed of equal parts of peroxide of manganese, permanganate of potassium, and pulverized oxalic acid. He took every recognized precaution, and the mixture was corked up in a bottle ; a few minutes afterwards, an explosion took place, and the bottle was reduced to atoms. — *British Med. Jour.*, Aug. 1st.

Sozone.—Dr. Stoneroad has been prescribing a combination to which he gives the above title, for fifteen years, in pulmonary affections, and recommends the same to the serious consideration of the medical profession.

A study of the formula, given on a former page, in this number, would seem to warrant the conclusion to which the Dr. has arrived.

Anæsthetics—Good, Bad, and Indifferent.—Dr. B. W. Richardson has recently published a summary of the anæsthetics, from which we condense the following :—

Considered safe : ethyl bromide, ethyl chloride, ether, ethene (olefiant gas), ethene chloride, methyl bromide, methyl chloride, methyl ether, methene chloride, methene (marsh gas), nitrous oxide.

Of doubtful value : amylene, amyl chloride, butyl chloride, benzene (benzol), carbon disulphide, carbon dioxide, carbon tetrachloride, methyl alcohol, methylal, spirits of turpentine.

Dangerous : amyl hydride, butyl hydride, carbon monoxide, ethyl hydride. Chloroform and ethene dichloride are regarded as useful, but requiring care. Dr. Richardson considers methylic ether to be the safest of all the anæsthetics.—*The Polyclinic*, Aug.

"Colden's Liquid Beef Tonic."—I certify that I have used largely in debility, febrile and nervous diseases, and that I have found it one of the most reliable of our nutrient tonics now in use or to be found in pharmacy.—JOHN J. CALDWELL, M.D., 71 N. Charles St., Baltimore, Jan. 20, 1875.

Test for Codeine.—Recently we announced the discovery of a new reaction of digitaline (*The Lancet*, July 4th) by M. Lafon. This chemist now comes forward with a characteristic test for codeine. A minute quantity, even a fraction of a milligramme, of codeine imparts a splendid green color to a solution of one gramme of selenite of ammonium in twenty cubic centimetres of strong sulphuric acid. It appears that morphia is the only known alkaloid that gives any thing like the same

reaction. When selenium is dissolved in strong sulphuric acid, the green color is the result; and codeine is said to have the power of setting selenium free from the ammonic salt.—*London Lancet*, Aug. 15th.

Inflammation, Locally. — John W. Martin, M.D., Sheffield, says: The following is an excellent lotion for subduing inflammation, and reducing the œdema of the inflamed parts:

℞	Tr. opii camph. co		ʒ ij.
	Tr. tolutani		ʒ ij.
	Liq. plumbi diacetat		ʒ iv.
	Glycerin.		ʒ ij.
	Aquam	ad.	℥ xx. M.

A piece of lint, or old linen, to be well wetted with the lotion, and to be applied to the inflamed part. The wetting to be repeated at frequent intervals.

Internally, it is useful to combine the following with the use of the foregoing lotion:

℞	Potass bicarb.		ʒ iss.
	Tr. nucis vom.		♏xl.
	Ferri am. cit.		ʒ iss.
	Sp. am. aromat.		ʒ iss.
	Aquam	ad.	℥ viij. M.

ʒ j. three or four times a day.

I have found this treatment especially useful in those cases in which intense inflammation in the arms follows re-vaccination.—*London Med. News.*

Acute Rheumatism — Liniment. — In acute rheumatism, methyl salicylate (oil of winter-green), mixed with an equal bulk of linimentum saponis, and applied to the inflamed joints, is stated to afford immediate relief.—*Birmingham Med. Rev.*, Aug.

Iodide of Sodium and Calomel in Conjunctivitis.—For inflammations of the conjunctiva A. Bellyarminov, writing in the Russian *Ophthalmic Review*, advises the employment of iodide of sodium in large doses internally, and local treatment at the same time by blowing calomel into the conjunctival sac. This produces, after the second application, a swelling of the eyelids and of the conjunctivæ. Sometimes, also, streaks of yellowish scales may be seen on the conjunctivæ, but they fall off in three days, and by that time all the inflammation is found to have disappeared. — *London Lancet*, Aug. 29th.

Uric-Acid Diathesis—Lithiated Hydrangea.—Lambert's Hydrangea preparation is compounded scientifically, and has established a first-class reputation in kidney affections.

The *anti-lithic* properties neutralize the uric acid in the blood, in gout, rheumatism, and other conditions where the urine is of a red tinge and acts upon alkaline test paper.

Cocaine Mydriasis Antagonized.—The paralysis of accommodation and the dilatation of the pupil caused by cocaine when used to anæsthetize the conjunctiva may not be desired. According to Dr. Bradford, a combination of pilocarpine and cocaine produces anæsthesia without altering the pupil or accommodation. Ten drops of a 4-per-cent. solution of hydrochlorate of pilocarpine are added to a drachm of a 4-per-cent. solution of hydrochlorate of cocaine in order to make the required agent.—*London Lancet*, Aug. 15th.

Vin Mariani.—Is attested by some of the leading physicians, in all Europe, as a perfectly reliable diffusible stimulant and tonic, devoid of any unpleasant reactionary effects, which is a very important item where wine is indicated.

Camphor Inhalations.—A writer in *El Siglo Medico* strongly recommends the following as a certain means of relieving the discomfort incident to cold: Pour about half a pint of boiling hot water over about a drachm of pulverized camphor, and inhale the vapors arising therefrom for from ten to twenty minutes.

Great relief is at once experienced, and after two or three repetitions the discomfort is said to disappear entirely.—(*Gazzetta degli Ospitali.*) *Med. News.*

Dying Declarations.—Chas. Gross, F.R.C.S., Eng., writes:—In the Notes of Cases in Obstetric Jurisprudence of August 8th, Case 12, page 244, Dr. Braxton Hicks writes as follows: "In cases where the only evidence is derived from one who is dead, it is impossible to convict unless the dying statements are taken by a magistrate." I would point out that this is a very prevalent mistake, and one calculated often to cause a serious failure of justice. It cannot be too clearly known, especially to medical men, that, provided the declarant conscientiously believes that he has no hope of recovery, *any one* may take down his dying declaration, and such declaration properly attested is admissible as evidence just as

much as if taken on oath by a magistrate. —*London Lancet*, Aug. 15th.

Coniine in the Treatment of Cough. —The *Centralblatt für die gesammte Therapie* publishes the following formula:

Coniine hydrobromate, } each . . 15 grains.
Sugar of milk, }
Mucilage of gum arabic, a sufficient quantity.

Divide into forty pills, from two to four of which are to be given daily for nocturnal convulsive cough

—*N. Y. Med. Jour.*, Aug. 1st.

Strychnia in Malarial Fevers.—W. W. Reynolds, M.D., Proctorville, Ohio, writes: Never having seen an account of the use of strychnia in malarial fevers, I thought I would give my experience with it. Having tried quinine in heroic doses, and so often having a return of the disease, I concluded to experiment, and at last combined quinine and strychnia. This resulted admirably, and I continued to reduce the amount of quinine, until now I give no quinine at all in "chills and fever." I invariably give ℞. Liq. strychniæ, ♏x., before each meal; and I have yet the first chill to see after the commencement of the remedy.—*Med. and Surg. Rep.*, Aug. 22d.

Mellin's Food for Infants and Invalids.—It is conceded that the mortality from cholera infantum and cholera morbus, during the recent hot weather, would have been infinitely greater had it not been within the reach of all to substitute this well-known food, in place of the many questionable articles on the market.

Diphtheria—Syr. Chloral Locally. —In a report of eight cases of diphtheria by H. C. Alderton, of London, he had the best effect from the use of syrup of hydrate of chloral locally with soda sulpho-carbolate and stimulants internally. The syrup of chloral removed the livid condition of the throat, and the pain of swallowing seemed to be less.—*Western Med. Rep.*, Aug.

Anodyne Counter-Irritation. — Dr. Richardson, on the theory that if by strong counter-irritation the surface of the body, in any part, were rendered very vascular, the absorption of a narcotic applied to that surface caused a local insensibility much more intense than if the narcotic had been simply placed on the skin in its natural state, combines a narcotic with a counter-irritant, as follows:

1. Mustard, four tablespoonfuls; tincture of opium, two fluid drachms; glycerine, one tablespoonful; water, heated to 100 degrees F. To be applied on sponge or linen in the usual way.

2. Mustard, four tablespoonfuls; soda carbonate, half an ounce; Dover's powder, one drachm; glycerine, one tablespoonful; water, heated, sufficient to make a poultice. This forms an alkaline as well as anodyne counter-irritant for lumbago and muscular pains.

3. Cantharidine plaster, one drachm; extract of belladonna, one grain. To make an anodyne blister. This is useful for the blister at the back of the ear, in cases of pain from subacute inflammation.

4. Emplastrum calefaciens (emplastrum picis cum cantharide, U. S.) is a good medium for anodyne counter-irritation. With it morphia, codeia, and other alkaloids combine well, on addition of a little glycerine.—*Jour. Amer. Med. Ass'n.*

Traumatic Hemorrhage into the Internal Ear.—Hardwicke reports a case of this kind in a lad, aged seventeen, who was brought to the hospital at Sheffield completely deaf in one ear; the deafness had occurred four days previously from a blow on the side of the head with a cricket-ball. The watch could not be heard in the right ear, neither could the tuning-fork. Nothing abnormal was found in the pharyngeal mucous membrane or the middle ears. A diagnosis was made of hemorrhage into the cochlea or semicircular canals. The treatment consisted in the application of leeches to the tragus, a blister behind the ear, and potassium iodide internally. The patient left the hospital cured on the eighth day.—*N. Y. Med. Jour.*, Aug. 22d.

Pulmonary Consumption — Syr. Hypophos. Comp., Fellows'.—Of course, when the tissue of the lung is once destroyed, it is a very serious condition of things to the patient; but if he will commence, when the first symptoms appear indicating pulmonary disturbance, with the syrup, it will fortify the system against the progress of the disease, and, with change of climate, will give every hope of recovery.

Novel System of Drainage.—Albany, Ga., has been ingeniously relieved of what has long been a troublesome nuisance to her in the shape of a stagnant pond of water, which covered from one to two

acres. The *News and Advertiser* says that it was all cleared off, and the bottom made perfectly dry, by Captain J. G. Stephens, the faithful and efficient chairman of the Street Committee of the present City Council, who had a derrick and windlass erected near the edge of the pond, and put a force of hands to drilling a hole into the ground, on the same principle that artesian wells are bored. His object was to find a subterranean stream or passage, into which the pond could be drained. Such a passage was found at a depth of thirty-three feet, and then a square well was dug down to it and curbed all the way. Every thing being ready, a ditch was dug, and the water from the pond was turned into the well. It ran in through a twelve-inch terra-cotta pipe at the rate of about six hundred gallons per minute, and disappeared as fast as it reached the bottom of the well.—*Sanitarian.*

Kaolin.—Kaolin has frequently been mentioned in these columns as a coating for pills, particularly of potassium permanganate, but we find, from the number of inquiries made to us, that very indefinite ideas exist as to what kaolin actually is. Kaolin is a sort of clay which is the product of a decomposition of feldspar and quartz-rock, found in low, swampy ground, beneath the surface of the soil. Large beds of kaolin exist in Chester County, Pa., and Newcastle, Del., from which places nearly twenty thousand tons are mined and prepared, and then shipped to all parts of the country. It is prepared by simply washing with water and exposing to the air.—*Therap. Gaz.*, Aug.

Debility of Convalescents — Beef Peptonoids.—Carnrick's preparation is spoken of by Prof. Tichborne, of Dublin, as the most concentrated nitrogenous food yet presented, and consisting of 95 per cent. of assimilable solids of the most nutritious character. This is near enough to perfection, for our purposes.

Mustard-Sponge.—In referring to sponge as a carrier of poultices, Dr. Richardson considers that it makes the best of mustard-carriers. The nurse mixes the mustard in a basin with water until the mass is smooth and of even consistency. Then she takes the soft mass all up with a clean sponge, lays the sponge in the centre of a soft white handkerchief, ties up the corners of the handkerchief neatly to form a hold, and applies the smooth convex surface to the skin. This mustard-sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice for reapplication, often a matter of importance during the weariness of night-watching. The sponge can afterward easily be washed clean in warm water. It is scarcely necessary to add that this method will save both time and trouble, and that the same sponge may be used frequently.

Injections of Ether and Iodoform in Cold Abscess.—Professor Verneuil obtains a rapid cure in almost all his cases of cold abscess, abscess from diseased bone or from congestion, etc., by ethereal injections of iodoform of the strength of one in twenty. The abscess is first emptied by means of Potain's aspirator, and then receives from 100 to 300 grammes of the iodoform solution. By not exceeding this quantity—that is, five to fifteen grammes of iodoform—no fear of accidents need be felt. The liquid penetrates into all the anfractuosities and diverticula of the abscess, the ether becoming absorbed or evaporated, and the antiseptic agent being deposited uniformly on the pyogenic membrane, the action of which it modifies. This simple means, so exempt from danger and so easy of application, has proved highly successful; very large abscesses have yielded to three or four injections.—*Revue de Therapeutique—Practitioner.*

Asclepiad—Important to Surgeons —Mineral Earth.—The National Pharmacal Association, of Baltimore, is constantly in receipt of letters endorsing mineral earth in the treatment of gun-shot wounds, scalds and burns, ulcers, erysipelas, diseases of the skin, vaginitis, syphilitic sores, and bleeding fungus of breast.

For further information send for pamphlet.

Atropia in Chloroform Inhalation.—Referring to death by syncope during anæsthesia by chloroform, Poirier (*Le Progrès médical*) refers to the experiments of MM. Dastre and Morat, in which they utilize the known powers of belladonna to paralyze the moderator nerves of the heart. Experiments were first made on dogs, and the results obtained were so encouraging

that Aubert, Gayet, and Tripier, surgeons of Lyons, were induced to try it on the human subject, and they obtained gratifying results. The following solution was employed :

Atropiæ sulph.	$\frac{1}{4}$ gr.
Morphiæ hydrochlo. . . .	1½ grs.
Aquæ dest.	2½ ʒ

Hypodermic injection of a Pravaz syringeful was given from twenty to thirty minutes before the inhalation of the chloroform. The advantages of this procedure, which is now daily practised in the hospitals of Lyons, are the following : security, greater rapidity with which anæsthesia is produced, absolute quiet of the patient, ease with which consciousness returns, and simplicity of results. — *Midland Medical Miscellany.*

Diagnosis of Apparent Death.—M. Bush, in the *Centralbl. f. Nervenheilkunde*, suggests the application of the faradic current to different parts of the body, in order to excite contraction of the muscles. If the attempt is successful, a surface thermometer, or an ordinary thermometer with proper precautions, is placed and retained upon the skin for from three to five minutes, while contraction of the subjacent muscles is maintained. If the temperature rises, the person is alive.

A second method suggested is the following : In normal conditions, violent mechanical excitation, as pinching of the skin, determines a rise of temperature in an extensive circuit by vascular reflex dilatation, and the same phenomenon is observed after application of snow or ice. Nothing similar occurs in a corpse. The author has not, however, had opportunity to test the correctness of his theory upon any case of apparent death.—(*Archives de Neurol.*) *Phila. Med. News*, Aug. 15th.

Malt Whiskey for Medicinal Purposes.—Dr. M. E. Arendt, Analytical and Consulting Chemist, Buffalo, N. Y., writes that he has made an analysis of Duffy's Malt Whiskey, which gave very gratifying results.

He pronounces it to be entirely free from fusel oil or any other obnoxious elements so often found in alcoholic liquors.

Iron in Egg Yelk.—G. Bunge, in the *Zeit. Physiol. Chem.*, describes experiments on the form in which iron exists in egg yelk. He is led to believe that food does not contain iron in inorganic combinations, but that it only exists in complex organic compounds which have been formed by the vital processes. It is absorbed and assimilated in this form, and then converted into hæmoglobin. This is, he is aware, apparently at variance with the observations of practical physicians. The apparent contradiction may, he thinks, be explained by the hypothesis that inorganic iron salts prevent the decomposition of the organic iron compounds in the intestinal canal.—*Med. and Surg. Rep.*, Aug. 1st.

Nerve Food — Vitalized Phosphites.—This now well-known preparation continues to increase in professional favor as a tonic to the nerves generally, and especially in the treatment of insomnia, neuralgia, dentition, and chorea.

We should expect excellent results from the use of the vitalized phosphites in the average case of St. Vitus' dance, a typical condition of atony of the nerve centres.

Thirst Quencher.—Take of :

Lactic acid,	
Diluted phosphoric acid, āā .	6 drams.
Oil of orange	40 drops.
Egg albumen	1 ounce.
Syrupus simplex, q. s. ad. .	32 ounces. M.

Use the same as a regular soda syrup. It makes a very fine drink, being cooling and a thirst quencher. — *Indiana Pharmacist*, Aug.

Terpine and Terpinol.—The Paris correspondent of an English exchange tells us that at a recent meeting of the Société de Thérapeutique, Dr. Dujardin-Beaumetz recalled the fact that in treating turpentine with an alkaline carbonate, a substance is obtained to which the name of "terpine" has been given. This substance has been experimented with by Dr. Lépine, of Lyons, who ascertained that it is endowed with very marked diuretic properties, and that it modifies the bronchial secretion in old catarrhal affections. Dr. Dujardin-Beaumetz has since experimented with a derivative of terpine, namely, terpinol, which is made by reacting on the former with sulphuric acid. Terpinol is described as being an oily substance, having an odor of jasmine, and being but little soluble in water. Dr. Dujardin-Beaumetz prescribes it in the form of pills as follows : Terpinol, benzoate of soda, of each sixteen grains ; powdered sugar, q. s. ; to be divided into ten pills, of which as many as ten can be administered daily. Terpinol is

eliminated almost exclusively by the air-passages, and gives to the breath a strong odor of jasmine. It exercises its action principally on the bronchial secretions, which it rapidly fluidifies.—*Med. and Surg. Rep.*, Aug. 22d.

Waters of Life, for Diabetics.—The water of the Waukesha Glenn Natural Spring known as the "Queen of Waters," is claimed to reign supreme among natural dietetic table waters, and maintains one temperature, 48°, both summer and winter.

Thousands of testimonials, from invalids suffering from various urinary complaints, have been received by Mr. Bryant.

The fact that no zymotic diseases can be contracted by drinking the Waukesha water, has made this place a favorite Western summer resort.

Use of Chloroform.—In Dr. Pean's clinic, in Paris, chloroform is given with perfect safety by using an instrument which insures eight per cent., of chloroform to the air breathed. The great danger in administering chloroform is the shutting out of the necessary amount of air.—*N. Y. Med. Record*, Aug. 8th.

Acid Mannate. — Teaspoonful doses three times a day of Acid Mannate will keep the bowels in a soluble condition, favor the secretion of bile, and gradually remove the congested and torpid condition of the liver.—Address Rio Chemical Co., St. Louis

Test for Citric Acid.—C. Mann states in the *Zeit. Anal. Chem.* that if citric acid be evaporated to dryness with glycerol, treated with aqueous ammonia, and again dried, it gives a deep-green color, with peroxide of hydrogen. Nitric acid if similarly treated also yields a green color, but this changes to dark blue on warming. Tartaric and malic acids give no reaction.—*London Med. Times*, August 15th.

Maltopepsine.—Tilden & Co. call the attention of the profession to this important remedial agent for indigestion, constipation, dyspepsia, vomiting in pregnancy, loss of appetite, and all forms of gastric derangements, and atonic conditions of the alimentary organs.

The Maltopepsine combines the diastase, pepsine, lactic acid, phosphoric acid, sugar of milk, and other digestive and nutritive properties of the grain, all ready for assimilation, without putting the organs to the trouble of digesting them.

Palatable Benzoic-Acid Solution.—The following is proposed by M. Pierre Vigier: Benzoic acid 1 or 2 parts, canella water 50, syrup of tolu 100, and distilled water 850 parts. Dissolve the acid in the water and mix. For those who do not like a sweet taste, the syrup of tolu may be replaced by brandy. A tumblerful in the 24 hours.—*N. Y. Med. Jour.*

Luminous Signs.—Since Morgan is supplying so many luminous door plates, house numbers, street names, bell plates, and doctors' signs, the Clerk of the Weather does not have to bother himself so much about lighting up the moon and hanging it in a conspicuous place.

Moth Preventive.—

Black pepper, Camphor	āā	1 ounce.
Lupulin		1 dram.
Snuff		2 ounces.
Cedar sawdust		4 ounces.

Mix well, and sprinkle over the goods you wish to preserve.

—*Indiana Pharmacist*, Aug.

Mineral Waters.—There seems little reason to doubt that when Nature undertakes to produce a medicinal water, the product is above suspicion that possibly some mistake may have been made in the prescription.

You don't try it first on some one else, to see if it is safe. You trust Dame Nature.

P. Sherer & Co., N. Y., have all her best mineral waters, and invite the profession to prescribe the medicine, if they have faith in the pharmacist.

Ammoniacal Disks as Vesicatories.—Dr. Guido Turazza, in recommending ammoniacal disks for vesication, claims the following advantages:

1. Ease of application, moderate cost, and a duration of pain much shorter than that produced by actual blisters.

2. They produce in a short time the remedial effect of blisters, and may be used in cases where a speedy result is desirable, thus possessing an advantage over blisters, and being far superior to sinapisms and cupping-glasses.

2. They may be used in cases in which blisters are contra-indicated on account of the danger of toxic effects.—(*Gazzetta degli Ospitali*) *Phila. Med. Times.*

Lactopeptine.—When the Pharmacal Association of New York put this preparation forward, they did not fully comprehend how real a service they were conferring upon dyspeptics.

But now that its merits are universally accepted, the Pharmacal Company have become aware of a left-handed compliment in the existence of imitations of their Lactopeptine.

Patients can avoid these frauds by sending their orders direct to head-quarters: P. O. Box 1574, New York City.

Lamp-Explosion.—An unhappy illustration of the danger attending the too common practice of blowing down the chimney of a partially filled oil-lamp, to extinguish the flame, has been afforded at Sedgley, where a married woman named Maria Lloyd met with a shocking death through endeavoring to extinguish a paraffin-lamp in this way. The lamp exploded, and ignited her clothing, and also that of her husband. The woman died after undergoing great agony. At the inquest on the body, a verdict of accidental death was returned. We recently called attention in these columns to the precautions which Sir Frederick Abel recommends to be observed, which would certainly have the effect of reducing, if they did not altogether remove, the risk of accidents attending the use of petroleum and paraffin oils. In order to safely extinguish an explosive lamp, it was pointed out that the flame should be lowered until only a flicker is visible, when the mouth should be brought to a level with the top of the chimney, and a sharp puff of breath projected across the opening. Had that plan been adopted in the present instance, there is little doubt that the accident, which in one case has been attended with fatal consequences, would never have occurred.—*Brit. Med. Jour.*

To Remove Immediately the Taste of Cod-Liver Oil.—Dr. Antonin Martin recommends the drinking of a large glass of water off rusty nails. Immediately the rank taste of the oil is changed to that of fresh oysters, and the unpleasant regurgitations disappear.—(*Jour. de méd. de Paris*) *Can. Pract.*

Coca Calisaya Ferro-Phos.—This is one of Cassebeer's elegant preparations, combining in a pleasant menstruum, the tonic properties of coca, iron, and the phosphites. Wherever a first-class tonic is needed, this will please you, not only by its agreeable flavor, but by its curative effects.

Saliva—Test for.—A test is suggested, by Dr. Dulles, for determining the character of the fluid discharged from a suspected salivary fistula. It consists in bringing a drop of the discharge into contact with a drop of the tincture of chloride of iron on a white surface—a piece of white paper will do,—when, if the discharge contains saliva, it will give the pink color which indicates the presence of the sulphocyanide of potassium, a normal ingredient of saliva.—*Med. and Surg. Rep.*

Turpentine Mixture.—The taste and smell of turpentine are best masked by sulphuric ether. A mixture of turpentine, 3 ij; ether, 3 j; syrup of orange, ℥ j; and water, ℥ iv, can be taken in teaspoonful doses quite readily.—*Louv. Med. News.*

Syringes.—The "*Pallas*" model, made by Jensen & Co., Phila., seems to have precedence in the market nowadays.

By reason of their peculiar and novel construction, they accomplish some important points heretofore not attained, and which it is essential to read about, at length, by sending for an illustrated circular.

Substitute for Woman's Milk.—The following is the formula suggested by Prof. Leeds, of Stevens Institute, as the best substitute for woman's milk: 1 gill of cow's milk, fresh and unskimmed; 1 gill of water; 2 tablespoonfuls of rich cream; 200 grains of milk sugar; 1½ grains of extractum pancreatis; 4 grains of sodium bicarbonate. "Put this in a nursing bottle, place the bottle in water made so warm that the whole hand cannot be held in it without pain longer than one minute. Keep the milk at this temperature for twenty minutes. The milk should be prepared just before using."—*Archives of Ped.*

Bromides—Relative Value.—Bromide of iron, in ten-grain doses, is superior to bromide of potassium.—*Med. Summary.*

Cholera Infantum—Nestle's Lacteous Farina.—This preparation is entitled to a share of credit for preventing diseases among those whose digestive organs are easily disarranged—especially in hot weather. Drs. Monod and Morpain, of Paris, have selected Nestle's Food as a product of the most wholesome character and preventive of intestinal irritation.

Mosquito Bites—Sol Atropine.—A solution of atropine (1 in 1,000) applied to mosquito bites relieves the itching and shortens the duration of the papulæ.—*Birmingham Med. Rev.*, Aug.

Scott's Emulsion.—It is claimed that this combination of pure cod-liver oil with the hypophosphites of lime and soda can be longer tolerated by children and others with delicate stomachs, than any other preparation known.

This is an important point to remember in selecting a remedy.

Painless Caustic.—A saturated solution of the hydro-chlorate of cocaine in nitric acid, is said to make a painless caustic.—*Cin. Lan. and Clin.*, Aug. 29th.

Phosphopeptine in Typhoid.—The credit of compounding this very valuable preparation belongs to C. A. Higgins. Flemington, N. J., who will send you the formula, with full directions, if you send him your address.

Detection of Oleomargarine.—The following test for oleomargarine is as reliable as simple. A few drops of sulphuric acid when placed on genuine butter produce first a yellowish-white and after ten minutes a brick-color, while oleomargarine treated in the same manner assumes first an amber and later a crimson color.—*Therap. Gaz.*

Artificial Limbs.—It would be necessary for us to issue a special edition of the ANALECTIC to convey an adequate idea of the material described in the pamphlet and supplement, embodying one hundred and sixty pages, octavo, illustrated, issued by A. A. Marks, 701 Broadway, N. Y. City.

As this will be sent free, to all, upon application, we advise every one interested to apply at once.

The book is beautifully illustrated and replete with ingenious ideas.

Surgical Bandages.—The variety of goods made by Messrs. Hastings & Garson, Phila., must be seen to be appreciated.

Next to seeing them, is to send for their illustrated circular.

Yorkville Road-Cart.—The manufacturer of this cart desires you to send for his illustrated circular. Address W. R. Church, Yorkville, Ill.

Sponge Poultice.—A sponge poultice has some advantage above all others, and is made as follows: Make a flannel bag three inches wide, and as long as any given affection requires. Fill this bag with small bits of sponge; then soak in hot or cold water, as the case may need; cover the outside with layers of cotton-batting, and over this some water-proof material. This poultice is elastic, and may be kept constantly near the skin, and will keep the throat at a uniform temperature,—a very important point in diphtheria and scarlatina, and all other maladies in which suppuration exists. Cold sponge poultices may be applied in the early stages of scarlatina and diphtheria to lessen the tendency to inflammation.—*Hall's Journal of Health.*

Peacock Chemical Co., St. Louis, have some valuable preparations.

See their circular.

Uterine Displacements are remedied by J. W. Dawson's appliances. Send your address for all information, to Chicago, Ill., and receive his illustrated circular.

BOOK NOTICES.

Treatise on Nervous Diseases; their Symptoms and Treatment.—A text-book for students and practitioners. By Samuel G. Webber, M.D., Clinical Instructor in Nervous Diseases, Harvard Medical School, etc. New York: D. Appleton & Co., 1885. Pp. ix–415.

Use of the Microscope in Clinical and Pathological Examinations.—By Dr. Carl Friedlaender, Privat-Docent in Pathological Anatomy at Berlin. Second edition, enlarged and improved, with a chromo-lithograph. Translated, with the permission of the author, by Henry C. Coe, M.D., M.R.C.S., L.R.C.P. (London), Pathologist to the Woman's Hospital in the State of New York. New York: D. Appleton & Co., Pp. x–195.

Complete Pronouncing Medical Dictionary: Embracing the Terminology of Medicine and the Kindred Sciences, with their Signification, Etymology, and Pronunciation. With an Appendix, Comprising an Explanation of the Latin Terms and Phrases Occurring in Medicine, Anatomy, Pharmacy, etc.; together with the Necessary Directions for Writing Latin Prescriptions, etc. By Joseph Thomas, M.D., LL.D., Author of the System of Pronunciation in Lippincott's "Pronouncing Gazetteer of the World," On the Basis of Thomas' "Comprehensive Pronouncing Medical Dictionary." Philadelphia: J. B. Lippincott Company, 1886. Pp. 844.

Acne: Its Ætiology, Pathology, and Treatment.—A Practical Treatise Based on the Study of One Thousand Five Hundred Cases of Sebaceous Disease. By L. Duncan Bulkley, A.M., M.D., Physician to the New York Skin and Cancer Hospital, etc. New York and London: G. P. Putnam's Sons, 1885. Pp. x–280. Price, $2.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE

EDITED BY
WALTER S. WELLS, M.D.

VOL. II. No. 10. October, 1885. WHOLE No. 22.

ZYMOTIC.

Bacteriotherapy—A New Method of Treatment.—Professor Arnoldo Cantani has turned to account the hostility existing between various microbes; and, in the first case where the experiment has been tried, the *Bacillus tuberculosis* has been killed by causing the patient to inhale the *Bacterium termo*. The harmlessness of the *Bacterium termo* to healthy animals was first ascertained by giving it in various ways—by inhalation, injection, and by the stomach—to cats, dogs, and other animals. The case is briefly as follows. A woman, aged forty-two, with a large tubercular cavity in the upper lobe of the left lung, was admitted to hospital on April 26th of the present year. Under quinine, cod-liver oil, and other restorative treatment, the patient was rapidly losing ground. The evening temperature was between 100° and 101° Fahr. The expectoration was copious, purulent, and contained elastic fibres and abundance of tubercle-bacilli. Animals inoculated with the sputum became tuberculous. The body-weight of the patient steadily fell. On May 4th, all other treatment was stopped, and daily inhalations of the *Bacterium termo* were commenced; a rich culture in gelatine, diluted in meat-broth, being pulverized by means of an ordinary spray-producer. The expectoration diminished rapidly until it disappeared altogether. The tubercle-bacilli became fewer by degrees, being replaced by the *Bacterium termo;* and, on June 1st, the bacillus had entirely disappeared, and it did not again return. Animals inoculated with the sputum no longer became tuberculous. Meantime, the patient was gaining flesh, and improving in every way. Professor Cantani speculates on the possibility of finding, for every pathogenic microbe, a non-pathogenic hostile one. However, he very wisely does not lay great stress on a single case, nor does he pretend that the *Bacterium termo* is the best microbe to oppose to the *Bacillus tuberculosis*. Outside the body, the bacterium does not always kill the bacillus; and the two microbes are found together spontaneously in tubercular cavities. In the case recorded, however, the conditions are different from those in which the bacillus has withstood the bacterium. The bacterium was given in large quantities, and in a vehicle that was perhaps more favorable to the bacterium than to the bacillus.—*Brit. Med. Jour.*, Aug. 29th.

Iodine in Cholera.—Dr. Renzi recommends the use of gtt.-1 doses of the tincture, to check the vomiting. Dr. Senise, of Naples, considers the same dose with gtts. 2 to 4 of laudanum three times daily, a certain prophylactic.—*London Med. Press*, Sept. 16th.

Topical Uses of Earth.—For a number of years Dr. Adinell Hewson, of Philadelphia, has made use of topical applications of earth. After various experiments he found that the earth best adapted to surgical use is clean yellow clay free of all sand and grit.

In scarlatina, rubeola, and roetheln he dusts the powdered clay over the surface. In erysipelas and small-pox he applies the clay in the form of a smooth paste made by mixing it with water. The reduction of temperature in the first period of twenty-four hours after the first application of the clay has always been most marked in measles, next in erysipelas, scarlet-fever, and least in small-pox.

The alleviation of the pain, he says, has always been most decisive.

He recites the details of some cases illustrating his use of the clay as a dressing, and also showing it to be most valuable and efficient as a means for the prevention of

pitting of small-pox.—*St. Louis Cour. Med.*, Sept.

Treatment of Typhoid Fever.—The following include the main points in the treatment of typhoid fever recommended by Prof. J. M. Da Costa, of Philadelphia :

Hygienic.—Place the patient in a large, well-ventilated room, so that he may get *plenty of fresh air*. Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

Nourishment.—There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at mid-day meal a little arrow-root boiled in milk, or a soft-boiled egg. Excepting these allow no form of solid aliment until convalescence is completely established, and even then be careful. *Be sure to feed the patient between* 4 A. M. *and* 5 A. M.; even wake him at this time to feed him. Allow a liberal supply of water, or toast-water, ginger syrup and water, or claret and water. It will keep the kidneys washed out.

Medical Treatment.—My own plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid; in England, hydrochloric; in France, phosphoric; and in America, nitro-hydrochloric acids. Of the last an ordinary prescription is ℥xx. of the dilute acid in simple elixir. This will also control to some extent, the diarrhœa.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent system to be noticed is the *diarrhœa*. If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, gr. j. Should this fail, use—

℞ Bismuthi subnitrat. . . . gr. x–xx.
Opii . . . . . gr. ss–j.

Every three hours.

If this fails, try carbolic acid, gtt. j., with morphinæ sulph., every three hours. Often cupri sulph., gr. $\frac{1}{12}$, with opium $\frac{1}{3}$, is very effective.

For the Tympany, cold applications, or injections of vinegar, f ℥ j. to ij. to water O j. Internally administer turpentine, gtt. vij., in emulsion, with morphia, gr. $\frac{1}{16}$. Often strychnia is useful, but secondary to the above.

Thoracic Symptoms. — The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the Circulation by quinine in tonic doses, gr., vj. to x, in twenty-four hours, but alcohol is the best, repeated in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of 150 should come down to 120 or 110. The first sound of the heart is the key to the amount required. From four to ten ounces may be necessary. For nervous symptoms, as headaches, delirium, etc,, give opium with camphor or with belladonna. Chloral is the most useful, but do not give it when the heart is weak.

For High Fever, cold water is excellent. Put the patient in a bath until the temperature of the water gets to 72° F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses ʒ j. to 3 ss. in the day.

For Intestinal Hemorrhage, ergotin, gr. ij. to vij., hypodermatically, or 3 j. fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading Tenderness (Peritonitis).—Tinct. opii deodorat., gtt. x. every hour, and gr. j. opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have *Parotiditis*, ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *Functional Palsies* use strychnia. —*Col. and Clin. Record*, August.

Ergot in Typhoid Fever.—Dr. A. Grillure asserts in *L'Union medicale*, that

ergot given in cases of typhoid fever diminishes the temperature, frequency of pulse, and diarrhœa, regulates the circulation, and relieves the nervous symptoms. In "Neale's Digest," paragraph 1,503, sect. 4, its use in the treatment of typhoid by Duboise is noted. The writer of these notes has known it to exert a decidedly favorable influence in cases of pneumonia following the exanthematous fevers. It has also been used in the treatment of ordinary pneumonia, see "Neale's Digest," paragraph 669, sect. 6, where it is noted as having been used by Wells, Biggs, Jones, and Yeaman.—*London Med. Press*, Sept. 16th.

Mercury in the Abortive Treatment of Typhoid Fever.—According to Kalb (*Berl. klin. Woch.; Gaz. hebd. de méd. et de chir.*), mercurial frictions, practised before the ninth day, produce complete defervescence in a few days. The inner aspect of the thigh is to be chosen, and the frictions should last half an hour. At the same time Kalb gives large quantities of alcohol to counteract the damage to nutrition.—*N. Y. Med. Jour.*, Sept. 19th.

Diaphoretic Mixture.—Take of :

Ipecacuanha wine	minims	5
Spirit of nitrous ether	"	30
Solution of acetate of ammonia	drs.	2
Water	oz.	1

M. SIG.—For one dose.

(Used in British Skin Hospital).—*Med. World*, Sept.

Small-Pox.—

℞ Acidi carbolici	gr.	iv.
Chloral hydrat.	ʒ	ij.
Tinct. benzoini comp.	ʒ	iiss.

M. SIG.—One teaspoonful every four hours.

—*Med. Bulletin*, Sept.

Scarlet-Fever.—

℞ Tinct. aconiti rad.	ʒ	ss.
Potassii chloratis	ʒ	iss.
Aquæ menth. pip.	ʒ	iv.

M. SIG.—A dessertspoonful every three hours.

—*Med. Bulletin*, Sept.

Malaise.—For malarial weaknesses and *malaise*, take of :

Ferri pyrophos.	1 dram.
Strychnia sulph.	1 grain.
Quinia sulph.	1 dram.
Acid phosph. dil.	2 ounces.
Syr. ginger.	3 ounces.

M. SIG.—Teaspoonful before meals.

—(Dr. I. C. Walker) *Indiana Pharmacist*, Sept.

Malarial Fevers — Lactate of Quinine Hypodermatically.—M. Vigier (*Gaz. hebd.*) says that the lactate of quinine is the most soluble and the richest in the alkaloid of all the salts of quinine.

It is most specially valuable for hypodermatic use. The following formula is recommended :

℞ Quiniæ lactatis.	grs.	xv.
Aquæ destillat	ʒ	j.

Dissolve with gentle heat and filter. The solution should be neutral.

There is no fear of causing pain, inflammation, or abscess. It is the only injection that is perfect both as to efficacy and harmlessness.—*St. Louis Cour. Med.*, Sept.

NEUROTIC.

Cure of Mental Disease by Cranial Counter-Irritation.—The following two cases, abstracted respectfully from the *Allg. Zeitschr. f. Psych.*, vol. 41, Nos. 4, 5, 1885, and the *Breslauer ärztliche Zeitung*, No. 5, 1885, indicate the curative influences of a powerful cranial counter-irritant, such as caused by severe traumatism or a violent inflammation, on mental diseases.

CASE 1.—A girl, suffering for three or four months of persistent and pronounced melancholia, suddenly became affected with violent erysipelas on head and face, causing deeply-seated suppuration. Parallel with this acute inflammation the mental depression receded, until with the disappearance of the erysipelas all mental symptoms had likewise vanished.

CASE 2.—A female patient, 35 years of age, laboring for three months under melancholia and advanced fear delusions, precipitated herself from a window about forty feet high. Several fractures of the skull and profound shock were the consequences of this fall. As the cerebral commotion subsided, her old mental troubles improved *pari passu* so rapidly as to effect her complete recovery in ten days.

Sudden molecular changes in the cerebrum, following an intense cranial counter-irritation, have no doubt wrought these cures.—*Therap. Gaz.*, Sept.

Salicylate of Cocaine in the Treatment of Trigeminal Neuralgia.—Schneider (*Allg. med. Ctrl.-Ztg.*) relates the case of a woman in her third attack of neuralgia of the second and third branches of the trigeminus. The first attack, five

years before, had been treated successfully with large doses of quinine. The second attack lasted almost six months; quinine was of no avail, but the pain gradually disappeared under the use of morphine and iron. The third attack had continued four weeks when the author injected silicylate of cocaine experimentally. The effect was extraordinary; six grains of the silicylate, injected into the cheek, caused the pain to disappear entirely, and occasioned a general feeling of well-being wholly free from any unpleasant collateral phenomena. The injection itself was painless and did not give rise to irritation. The patient was enabled to sleep at night, although before the pain had been most severe at night. Eight such injections were given in the course of six days, and after that there was no pain except at the site of the injections, which was overcome by three applications of galvanism with the anode applied to the seat of the pain and the cathode to the back of the neck.—*N. Y. Med. Jour.*, Sept. 5th.

Incipient Myelitis.—For a case of incipient myelitis in a man aged forty, Professor Bartholow ordered—

℞ Ferri sulphatis exsicc. . . . gr. xv.
Mangani sulphatis . . . . gr. xv.
Acidi arseniosi . . . . . gr. ¼
M. Ft. pilulæ No. xv.
SIG.—One pill after each meal.

The patient was also directed to take one teaspoonful of the syrup of lactophosphate of calcium before meals.—*Med. Bulletin*, Sept.

Action of Lightning in Paralysis.—The following singular clinical record is communicated by Dr. Kunze, of Halle, to the *Deutsche med. Zeitung*, No. 69, 1885:—Frau G. Winter, of Zaasch, aged forty-eight, strong, powerful, of quick temperament, has had twelve children. Otherwise quite healthy, in the beginning of May she was attacked with phlebitis of the right leg. On May 20th she had so far recovered that she was able to perform her household duties with an india-rubber bandage round the part affected. On May 24th, after dinner she had a stroke; speech was lost, the facial muscles on the right side were paralyzed, also the right arm and foot. On the physician visiting her she complained of much pain in the head, the face was much reddened, complete right-sided paralysis was present. The only words she could pronounce, so as to be understood, were "ja," "nein," and "die, die." By June 8th there was no improvement in the speech; she could only raise the right arm by the aid of the left. The right foot showed improvement so far that she could walk with the help of her son, so that she was able to pass a few hours out of bed on the sofa. On June 8th, at 6 P.M., as the patient was sitting on the sofa in the sitting-room, a heavy thunderstorm passed over, the lightning struck the house, and also Frau Winter as she sat on the sofa, striking her on the paralyzed side. The skin was reddened on the right shoulder and down the right side, and a burning, puckering sensation was complained of. After the depression caused by the fear had passed away, and the patient was refreshed by rest, she could raise the right arm to the head without assistance. She could pronounce "ja" and "nein" distinctly, and also the name of her son Edmond, and the words "papa," "rheumatismus," "fuss," and several other words. During the first week after the lightning stroke, her condition manifestly improved, and on June 18th she could walk and raise the arm completely without assistance. A fortnight after, however, no further improvement was noted, and at the time of writing electricity was being applied daily. —*London Med. Press*, Sept. 9th.

Carcinoma of the Cerebellum with Scirrhus of the Lung.—Cantani reports the case of a woman, *Lond. Med. Record*, aged forty-five, who had occipital headache, rigidity of the back of the neck, incoordination of movements, progressive loss of the mental faculties, vomiting, tendency to fall backwards, and frequently also slowness of the pulse and respiration. The emaciation, vomiting, and epigastric pains might have given rise to the suspicion of cancer of the stomach, but the symptoms generally were those of a lesion of the cerebral nervous system, and the diagnosis made was that of tumor of the cerebellum. At the necropsy a small abscess, limited to the cortical substance, was found in the right parietal lobe, in correspondeuce with the first parietal ascending convolution; in the right lobe of the cerebellum was an abscess, of the size of a walnut, and in the left lobe of the cerebellum another abscess, of the size of a filbert. In the upper lobe of the right lung there was a nodule of scirrhus as large as an apple. During life

there were no other signs of pulmonary lesion than raised percussion-note and prolonged respiration in the right superior lobe. The author supposes the abscesses were the result of suppuration from neoplastic foci of carcinomatous nature, developed in the brain, and that the pulmonary scirrhus was secondary.—*N. Y. Med. Record*, Sept. 5th.

Cerebral Hyperæmia.—A patient suffering from cerebral hyperæmia recently presented himself at Professor Da Costa's clinic. He had been suffering from headache and vertigo for six months. His memory was failing, his sleep was disturbed, and he was becoming very much depressed in spirits. He was directed to have a blister applied to the nape of the neck, and to take :

Ext. colocynthi comp. . . .	gr. xii.
Pulv. capsici.	gr. iv.
Ext. gentianæ	gr. xxiv.

M. Ft. pilulæ No. xii.
SIG.—One pill three times a day.

Also—

℞ Sodii bromidi	ʒ iiss.
Aquæ.	ʒ iij.

M. SIG.—One tablespoonful every night at bedtime.

—*Med. Bulletin*, Sept.

Plantar Hyperæsthesia.—M. Barbillion describes (*Jour. de méd. et de chir. pract.*) a singular affection characterized by an excessive impressionability of the soles of the feet to various external influences. In one case the patient, a grocer's boy who was obliged to be on his feet the entire day, began, shortly after undertaking this work, to have acute pain in both feet toward evening. Soon the pain became continuous and was felt in the whole plantar region. It disappeared as soon as the patient got into bed, but would be brought back whenever in movements of the legs the soles of the feet were brought in contact with the bed-clothing. Cold, in this case, brought a certain measure of relief. The reflexes were normal and there were no symptoms of ataxia. There was no redness nor swelling of the integument, and the perspiration was not abnormal in quantity. Three applications of chloride of methyl, one of which caused vesication, brought about a cure. In another case a cure followed the application of a blister covering the plantar surface. The writer reports other similar cases, and concludes that the affection is an idiopathic plantar anæsthesia, distinct from other painful diseases of the feet.—*N. Y. Med. Record*, Sept. 19th.

Nitro-Glycerine in the Treatment of Hiccough.—Dr. O. T. Schultz, of Mount Vernon, Indiana, relates the case of a phthisical patient, fifty-eight years old, who had suffered for nine days with persistent hiccough, which had brought him to a very low condition, and had been only slightly ameliorated at times by various remedies, including galvanization of the phrenic nerves and of the epigastric region, and faradization along the attachment of the diaphragm. As the patient had formerly suffered from angina pectoris, the author reasoned that the hiccough might be due to a similar cause. Accordingly, on the tenth day, he gave one drop of a one-per-cent. solution of nitro-glycerine at 8 o'clock in the morning, and repeated it at 9 o'clock. A moderate degree of bursting headache set in at once, the hiccough became easier and less frequent, and by 9.30 o'clock it had ceased altogether. The use of the drug was continued every two hours. At 2 P.M., after the patient had drunk a glass of iced milk, the spasms appeared again, but yielded quickly to a fresh dose. During the afternoon and night there was only an occasional hiccough, but the next day there were two short attacks in the afternoon. The medicine was continued, and an occasional dose was given on the twelfth day, when the hiccough had entirely ceased. —*N. Y. Med. Jour.*, Sept. 19th.

Chorea.—Take of :

Arsenious acid	gr. 2
Strychnia sulph.	gr. 2
Sulph. quinine	dr. 1
Quevenne's iron	dr. 1
Ext. gentian	gr. 20

Mix.—Make forty pills.
SIG.—One three times daily after eating.

—*Med. Summary.*

Chorea with Anæmia.—Professor Da Costa placed a choreic boy, who was aslo decidedly anæmic upon :

℞ Tinct. ferri chlor	gtt. x
Arsenici chlor.	gr. $\frac{1}{10}$
Syrupi simplicis, ...	
Aquæ . . . . . āā .	f ʒ ij. ℥

SIG.—Ter die. The arsenic to be increased.

—*Col. and Clin. Record.*

Epilepsy and Nasal Polypi.—"No cause of epilepsy could be assigned, but on

removal of a grape-like mass of the polypi from the right nasal fossa, the epileptic attacks ceased." This is very important, and we should always carefully examine the nose in these cases.—*N. Y. Med. Record.*

Migraine.—

℞ Tinct. ignatiæ . . . . . ʒ j.
Tinct. cannabis ind. . . . . ʒ ij.
Tinct. cardamomi . . . . . ℥ ij. ♏

SIG.—One teaspoonful every three hours.

—*Med. Bulletin*, Sept.

Neuralgia.—

℞ Tinct. verat. viridi . . . . ʒ ss.
Tinct. gelsemii . . . . . ʒ iiss.
Tinct. cimicifugæ . . . . . ℥ ij. ♏

SIG.—One teaspoonful every two hours.

—*Med. Bulletin*, Sept.

Cocaine in Sickness. — Manasseïn (*Berlin kl. Wchnschr.*) has used the following solution in several cases with gratifying results:

Hydrochlorate of cocaine . .	2½ grains
Alcohol	q. s.
Distilled water	4½ ounces

He gives a teaspoonful every two or three hours.—*N. Y. Med. Jour.*, Sept. 26th.

RESPIRATORY.

Laryngeal Stenosis; Laryngeal Congestion—Pilocarpin.— Dr. A. B. Isham, Cincinnati, O., writes: Last December a boy six years of age was taken with the then prevailing endemic of measles. The efflorescence over the body surface was complete, and the laryngeal mucous membrane was involved to such an extent as to produce a condition of stenosis. The temperature ranged from 102⅕° to 103⅕°; pulse rate 132; respiration frequent, harsh, and embarrassed; voice husky and whispering; with a tight, stridulous, rasping cough, which harrassed him so frequently as to leave very little interval for rest. He required constant attention day and night. After the expiration of a week's sickness the temperature was 104⅕°; pulse 145; respiration rapid, labored, and noisy; countenance pinched and anxious, the alæ of the nose following the movements of respiration; with a racking, dry, hoarse cough which came on in paroxysms every few minutes, causing the little fellow to jump up in bed, throw his arms wildly about in the air as though seeking to clutch something, while the color of his face changed to a livid hue. He wanted his mother constantly beside him. It was evident that vigorous measures for his relief must be instituted at once, and, theoretically, pilocarpin offering the best promise, it was administered in the dose of one-eighth of a grain by the mouth. Within fifteen minutes he was bathed in perspiration. Profuse salivation also resulted, and he sank into a tranquil, quiet slumber of half an hour's duration—a longer and easier sleep than he had enjoyed at any time during the whole of his illness. The temperature declined to 102½°, the pulse fell to 125, the breathing, though still rapid, was easy, the cough loose, less frequent, and but little disturbing. From this time on, his progress towards convalescence was marked and uninterrupted. A medical friend and relative who had seen the case and was cognizant of its gravity, was somewhat shocked at what he deemed hazardous experimentation, but he cheerfully accepted the result.

On the 17th of December, a contralto singer applied for the relief of hoarseness, dependent upon congestion of the larynx from cold. She had an engagement to sing in concert the evening of the 18th, which she was exceedingly anxious to fill. One-third of a grain of pilocarpin was prescribed to be taken *per orem* at bedtime, and crystals of potassium nitrate, the size of a small pea, to be slowly dissolved in the mouth throughout the next day. She was enabled to fulfil her engagement satisfactorily.

In the above case the decrease in blood-volume, induced by pilocarpin, lowered the blood-pressure, relaxed the engorged vessels, reduced the swelling of the laryngeal mucous membrane through the occurrence of free secretion upon its surface, and the blockade being thus raised, natural forces were able to effect resolution without further aid.

I have made use of pilocarpin scores of times in uræmia, alcoholism, unilateral sweating, hyperidrosis, diphtheria, and membranous croup, and with the exception of sharp ephemeral pain at the neck of the bladder and in the course of the urethra, which two male patients complained of, have met with no unpleasant effects—no cephalalgia, nausea, or vomiting.—*Phila. Med. News*, Sept. 19th.

Treatment of Pneumonia by Enormous Doses of Digitalis.—Prof. G. Sée

(*Le Progrès méd.*) holds that in the treatment of febrile diseases, and especially of pneumonia, digitalis should be used in much larger doses than are usually given. He said in a recent lecture: If you prescribe in pneumonia the ordinary cardiac dose of digitalis leaves (two or three grains) you will obtain no effect on the heart, and none on the temperature. In this disease, above all if dyspnœa is pronounced, and if nutrition has suffered much, you must give seven to twelve grains *per diem* in order to obtain the antipyretic effect.

Hirtz recommends similar doses; but neither of the above has approached the enormous doses given by Petrescu in the Military Hospital of Bucharest. He gives from a drachm to a drachm and a half of the leaves in infusion during the twenty-four hours, in some cases continuing these doses for three days. His observations of the results of this treatment in more than three hundred cases have been very careful, and include sphygmographic tracings of the pulse in almost every case. He is led to the following conclusions:

1. Digitalis produces certain and immediate antiphlogistic effect only when given in the therapeutic dose.

2. The therapeutic dose is from one to one and a half drachms of the leaves within twenty-four hours for a limited number of days.

3. The treatment of pneumonia by digitalis is until now the only means which has reduced its mortality to a minimum.—*N. W. Lancet*, Sept. 15th.

Phthisis—Terpine.—The unsatisfactory state of the treatment of phthisis and the position of M. Germain Sée as a practical physician may be regarded as sufficient reasons for a reopening of the investigation of terpine as a therapeutical agent. A careful account of M. Sée's study of the subject may be perused in the *Bulletin de l'Académie de Médecine*, No. 30. Terpine is believed to be a powerful agent in modifying the respiratory mucous membrane, and in diminishing morbid secretions. It is said to diminish, and even to cause to disappear altogether, the purulent secretion of catarrhal forms of phthisis. The mucopurulent secretion that proceeds from the bronchial tubes irritated by tubercles, and that which comes from the walls of pulmonary cavities, are the indications for the use of terpine whenever these secretions are sufficiently abundant to exhaust the patient. Terpine is useful in the hæmoptysis of incipient tuberculosis—that is, before the development of cavities with aneurisms in their walls. In the treatment of catarrhal pneumonia and chronic bronchitis, independent of asthma, that only induce dyspnœa by plugging of bronchi, terpine constitutes the best means of lessening the bronchial hyper-secretion. Its prompt action and freedom from disagreeable physiological effects ought to make it a preferable preparation to those containing impure forms of turpentine. On account of its perfect harmlessness and easy digestibility, it has advantages over creasote. The best method of administration is in the form of a pill, or as an alcoholic preparation; the most convenient dose is one gramme. In nervous asthma, whether emphysematous or catarrhal, iodine and pyridine are incomparably superior to terpine. Terpine is a derivative of turpentine; it is the binhydrate of turpentine, and may be represented by the following formula: $C_{20} H_{16} (H_2 O_2) + 2 (H_2 O)$. It is formed by the direct union of its component elements when turpentine is allowed to remain in contact with water.—*London Lancet*, Sept. 5th.

Skeleton Tracheotomy Tube.—It has been often a subject of reflection to surgeons performing tracheotomy that the tube in ordinary use is a clumsy and cumbersome instrument, and that it occupies an amount of space that is altogether out of proportion to the necessities of the cases in which it is employed. Dr. E. T. Williams proposes to remedy the disadvantages connected with it by substituting for it a skeleton instrument, a description of which appears in the *Boston Med. and Surg. Jour.* It consists of two parallel blades or branches bent to the curve of a medium-sized tracheotomy tube, for insertion into the trachea. These branches are grooved on the inside like a tube, and convex on the outside. The upper rectangular portion lies flat upon the neck, and is secured by tapes in the same manner as an ordinary tube. The tracheal branches can be adjusted to any width, and so adapted to any size of trachea, by means of a screw arrangement in the rectangular or external portion of the appliance; and when inserted in the trachea the apparatus is at once accurately and firmly fixed in position.

This tube is a great improvement on the ordinary so-called "split" instruments at present in use, and is capable of being made by any mechanical instrument-maker. —*London Med. Press*, Sept. 9th.

Croup.—Dr. John H. Owings recommends the following in croup :

℞ Tr. eucalyptus . . . . . ʒ v.
Mur. pilocarpine . . . . gr ½.
Vin. pepsin . . . . . ʒ j.
Syr. tolut. q. s. ad. . . . ʒ iv.

M. SIG.—Teaspoonful every half hour.

—*Med. and Surg. Rep.*

Acute Coryza.—Dr. S. S. Cohen recommends, as a specific against acute coryza, the 1-120th of a grain of atropia, to be repeated every four hours until there is dryness of the throat. He says that this remedy will cure nine out of ten cases of coryza if taken at the incipiency of the disease. Afterwards to relieve the unpleasant symptoms of dryness he has given 1-16th of a grain of pilocarpine with good results. When cases are seen too late to use atropine with advantage, he has obtained good results from ammonium salicylate in doses of ten to fifteen grains repeated every two hours until *tinnitus aurium* is produced. If the patient does not object to the expense, cocaine can be used to allay the local symptoms until the medicine has had time to act.—*Phila. Med. Times*, Aug. 8th.

Chronic Bronchitis.—

℞ Quiniæ sulph. . . . . gr. xl.
Acidi phosphorici dilut. . . ʒ ij.
Vini picis liquidæ . . . . ʒ ij.

M. SIG.—One teaspoonful three times a day.

—*Med Bulletin*, Sept.

Iodized Phenol in the Treatment of Whooping-Cough. — Rothe (*Memorabilien*) announces his continued satisfaction with carbolic acid as a remedy for whooping-cough, after fifteen years' experience with it. The formula is as follows :

Carbolic acid, Alcohol,	each . . .	7½ grains.
Tincture of iodine	. . . .	5 drops.
Peppermint water	. . .	750 grains.
Tincture of belladonna	. . .	15 "
Syrup of diacodium	. . .	150 "

A teaspoonful is to be given every two hours. the administration being continued until the paroxysms entirely disappear.

—*N. Y. Med. Jour.*, Sept. 5th.

Whooping-Cough—Narceine.—

℞ Narceine hydrochl. . . . . grs. ij.
Simple syrup . . . . . ʒ iv.
Acid hydrochlor., q. s. ut fiat sol. ℿ

The dose for young infants is one teaspoonful. It will be found to be the best remedy ever used in whooping-cough.

—*St. Louis Med. and Surg. Jour.*, Aug.

Nasal Affections.—To diminish the sensibility of the mucous membrane of nose, Dr. Sajous uses :

℞ Acid. tannic. . . . . gr. xl.
Glycerini . . . . . f ʒ j. ℿ

SIG.—Apply with a cotton-wrapped probe.

A solution of zinc chloride, gr. ij. to f ʒ j., is also useful, or gr. v. to f ʒ j., of the zinc sulpho-carbolate.

* * * * *

To get rid of effusion when the above is of no avail, let the patient sit covered with a sheet, and place a lamp within to steam him ; or use :

℞ Bismuth. subcarb.,
Pulv. talc. . . . . āā 3 j.
Aluminis . . . . . 3 ss.
Morph. sulph. . . . . gr. j.
Pulv. acaciæ . . . . . 3 j. ℿ

SIG.—To be used, as a snuff, several times a day.

* * * * *

The following treatment, by Dr. Sajous, was recommended for chronic coryza :

℞ Sodii salicyl. . . . . 3 ij.
Sodii bibor. . . . . 3 iij.
Glycerini . . . . . f ʒ ss.
Aquæ . . . . . ad f ʒ vj. ℿ

SIG.—Of the above take f 3 ij. and put into Oj. warm water (100° F.).

Of this latter solution, "snuff" into nostrils as much as can be taken up in the hollow of one's hand, ter die.

* * * * *

Prof. Bartholow advised, in a case of catarrh of the nares, of specific origin :

℞ Sodii iodidi . . . . . gr. x.
Syrupi picis . . . . . f 3 ij. ℿ

SIG.—Ter die.

Also :

℞ Pil. ferri iodidi (U. S. P.).

SIG.—One daily.

* * * * *

Dr. Sajous, at the hospital, treats post-nasal catarrh as follows : First a purgative, as sulphate of magnesia, ʒ ij. ; then use as a "snuff" ter die :

℞ Bismuth. subcarb.,
Pulv. acaciæ . . . . āā 3 ss.
Zinci sulph. . . . . gr. x.
Morph. sulph. . . . . gr. ij. ℿ

—*Col. and Clin. Record*, Sept.

CIRCULATORY.

Heart Failure During Cold Bathing.—It is not improbable that failure of the heart is, in many cases at least, the primary cause of death by drowning. A plunge into cold water is sufficient to throw a weak heart into a dangerous state of tension, which is further increased by swimming—an exercise perhaps the most violent in which it is possible to indulge. It is a remarkable fact that few, if any, of the subjects of so-called "cramp"—not, be it understood, the ordinary bather's cramp, but the mysterious seizure which impels its victim to throw up his arms and sink with a single cry—are ever recovered alive, and it is not an unreasonable inference that in many cases death occurs independently of, perhaps previously to, submersion. A necropsy or two might throw some light on the matter, but in the meantime it is desirable that the excellent bathing rules of the Humane Society be taught in every school, as a preliminary to instruction in swimming, and that medical men should impress upon all subjects of cardiac weakness the risks of prolonged immersion and exercise in chilly water.—*Brit. Med. Jour.*

Galvano-Puncture in a Case of Aneurism.—In the *Rivista Internal* Doctor Brancaccio relates a case of aneurism of the ascending aorta very much relieved by galvano-puncture. There was no previous history of any value except that of alcoholism. The tumor projected about an inch in the infra-clavicular region, and was bounded above by the upper border of the second rib, to the left by the mammary line, to the right by the sternum, while below it merged into the cardiac dulness. The heart was healthy; the radial pulse, small and occasionally intermittent, was synchronous with the beat of the heart. Severe pain in the chest, cough, and dyspnœa were present. Daniell's battery, consisting of fifteen elements, was employed. Two strong steel needles were plunged 3 cm. deep, 4 cm. from each other, in the third intercostal space. The left needle was connected with the positive pole, the right with the negative. The operation lasted sixteen minutes. Dr. B. saw the patient ten hours after; the pain had then disappeared, respiration was normal, the swelling diminished, the pulse from 118 had fallen to 90; altogether he was stronger and better. The second operation took place twenty days later, the number of elements being increased to twenty. Severe pain, rigors, pyrexia followed, but soon passed away. The operator thought fit, however, to lessen the number of elements to fifteen at the third and fourth operations. Eight weeks after the last operation the patient left the hospital at his own desire. His general condition was much improved. The cardiac pain had disappeared, the tumor was smaller by at least an inch, the cardiac impulse was more powerful, the pulse more regular, fuller, and stronger. The author recommends galvano-puncture for small aneurisms which have not extensive communications with the artery. The case proves, at the same time, that the situation of an aneurism just above the aortic valves is no contra-indication to the use of galvano-puncture, as several authors have stated, thinking that the difficulties of clot formation in that situation were insuperable.—*Louv. Med. News*, Sept. 12th.

Operative Treatment of Aortic Aneurism.—The aneurism of the arch of the aorta, which Professor Baccelli attempted to occlude by the introduction of fine steel watch-springs, in the presence of many of the delegates to the Sanitary Conference, and of the practitioners of Rome and students of the university, is the third case of the same kind in which the proceeding has been tried (*British Med. Jour.*). The patient was a mason from Jesi, fifty years of age. He was laid on the ordinary lecturing couch of the medical clinic, on his back, turned slightly to the right, and the fine trocar—or exploring-needle, rather—introduced in the direction from left to right. No blood escaped on the withdrawal of the trocar, and then there were slowly pushed into the sac through the canula seven watch-springs, each fifty centimetres long, so that three metres and fifty centimetres of this wire filled the sac at the end of the operation. The case terminated fatally two days later, apparently from exhaustion of the patient, and not from embolism. There were very few signs of coagulation in the sac found at the necropsy. All the three cases have thus, unfortunately, turned out unsuccessful.—*Therap. Gaz.*, Sept.

[*Query.*—Why not have operated the electric current through the watch-springs in the aneurismal sac?—ED. ANALECTIC.]

Ficus Doliaria in the Treatment of Miners' Anæmia.—Bouchut (*Paris méd.*) describes doliarina as a powder prepared with the juice of the *Ficus doliaria*, a plant indigenous to Brazil, where the *Ankylostoma duodenale* (the parasite which causes miners' anæmia) prevails endemically. The powder contains also aromatics and iron. The dose for an adult is a drachm three times a day. In the case of a patient treated by Bäumler the ingestion of the first few doses was followed by borborygmi with pains in the upper part of the abdomen. The next day there were several loose stools, and the evacuations contained great numbers of the ankylostoma. On account of the patient's general condition, due to phthisis, the treatment soon had to be suspended, but it was afterwards resumed with success. Bäumler remarks that doliarina, although slower in its action than male fern, and doubtless less energetic in dislodging the parasite, involves no danger, while the use of male fern demands great care. The juice of the *Ficus doliaria* contains vegetable pepsin, which digests the worms, so that, like papain, it is a worm-consumer (*vermivore*).—*N. Y. Med. Jour.*, Sept. 19th.

Ephemeral Œdema of Gouty Origin.—Dr. Negel (*Le Progres mèd.*) relates the case of a rather stout lady, aged forty-one, subject to rheumatoid pains in the joints, but not to chilblains, who on two occasions, the last time in 1881, had noticed, after bathing in a river, swelling of the whole body, accompanied by violent itching and burning. Since the last occurrence, she became liable, whenever she washed her hands in cold water, to swelling, redness, and violent itching and burning of the fingers. Similar swelling might attack the feet, the arms, the nose, or the ears, under the influence of cold air or contact with a cold body. Her nose and ears often became swollen when she went out of doors without taking proper precautions to protect them. The parts, when affected, looked red, shivering, and distended. In from one to three hours they returned to their natural state. Under treatment by salicylate of soda and liquid arsenicalis, with two alkaline baths a week, she became completely cured, none of the above-named causes being capable of producing a return of the swelling. Dr. Negel regarded these phenomena as depending upon constitutional gout.—*Brit. Med. Jour.*, Sept. 19th.

Hypertrophy of the Heart.—Professor Da Costa recommends in the initial stage :

℞ Tinct. aconiti rad. . . . . ♏xvi.
Tinct. cinchonæ comp. . . . ʒ ij.
M. SIG.—One teaspoonful three times a day.

In addition, the bowels are to be kept freely open, and the arterial tension lessened by the administration of one or two drachms of Rochelle salts, or some other saline, every morning.—*Med. Bulletin*, Sept.

Cardiac Palpitation. — Dr. Küpper (*Deutsche med. Wochens.*), of Elberfeld, mentions a case of functional palpitation which was cured by the galvano-caustic destruction of pharyngeal granulations and nasal hypertrophy.—*St. Louis Med. and Surg. Jour.*

Mitral Stenosis.—A man, sixty-three years old, suffering from mitral stenosis with hypertrophy, and in whom atheromatous degeneration of the blood-vessels was present, was given, by Prof. Da Costa, fluid ext. of convallaria, gtt. viij. ter die, to make heart beat more regularly ; Fowler's solution for the atheroma.—*Col. and Clin. Record*, Sept.

New Cardiac Sedative.—Dr. G. Bufalini gives an account in the *Gazetta degli Ospitali*, of Aug. 12, 1885, of some experiments with coptis teeta or mameeran upon the heart of a frog. This plant is a native of China, belonging to the family of Ranunculaceæ, and is used as a stimulant of the digestive functions. The author found its effects upon the heart to consist principally in a slowing of the pulsations, leading finally to complete arrest of cardiac action in systole. And he, therefore, classes it in the same pharmacological group with digitalin.—*N. Y. Med. Record*, Sept. 19th.

Intravenous Injection of Oxygenated Water Condemned.—M. Laborde, at the Academy of Sciences, speaking upon the proposed use of oxygenated water as a germicide in infectious diseases by injecting it into the veins, stated that it is instantly decomposed when brought in contact with the fibrinous material of the blood, causing much frothing, and being liable to give rise to fatal embolism. This method of introducing oxygen is, therefore, to be condemned in practice.—*Phila. Med. Times*, Sept. 19th.

Drugs which Injure the Red Corpuscles.—Salicylate of soda and benzoate of soda have a destructive action upon the red corpuscles of the blood ; and are thus contra-indicated in the treatment of spanæmia, chlorosis, leucocythæmia, etc.—*Med. World*, Sept.

Blood-Poisoning Treated by Hypodermic Injection of Carbolic Acid.—A. G. Auld, M.B., reports the following case :

R. S——, a slim, delicate-looking lad, aged sixteen, received a cut from a knife charged with putrid matter, across the palmar aspect of the third and fourth fingers of the left hand. On the morning of the second day after the occurrence the patient felt chilly and generally unwell. On my arrival, a few hours afterwards, I found the lymphatics of the arm inflamed, tenderness of the glands in the axilla, and a temperature of 101.4° F. Nine hours afterwards the patient complained of sickness, with occasional vomiting, and increased pain, with stiffness in the axilla. There were a more diffused redness of the limb and a temperature of 103.8°. I now injected six minims of a four-per-cent. solution of carbolic acid into the unaffected arm. After twelve hours the patient felt better, and the temperature had fallen to 101.8°. The injection was repeated, and no local applications were used. The patient then rapidly recovered, and in twenty-four hours every symptom had disappeared.—*London Lancet.*

Anti-Rheumatic Mixture.—The following is a common formula at the Charity Hospital :

℞	Potass. iodidi	ʒ ij.	
	Vin. colchici sem.,		
	Syr. simplicis . . . . āā .	℥ ss.	
	Aq. menth. pip.	ʒ v.	ℿ

SIG.—Tablespoonful as a dose.

—*N. O. Med. and Sur. Jour.*

Rheumatism — Salicylate Applied Externally.—Dr. Cagnoli mentions in the *Moniteur thérapeutique* that having as a patient a little boy with rheumatic fever, in whom salicylates produced severe gastric disturbance, he had recourse to compresses saturated with a ten-per-cent. solution of salicylate of soda and covered with oil-skin, bound round the most acutely inflamed joints. The next day the pain and swelling had disappeared from these and the power of motion had returned to them, while the joints which had not been so treated remained exactly in their previous condition. These latter were afterwards relieved in a similar manner.—*London Lancet*, Sept. 5th.

Chronic Rheumatism.—

℞	Potassii iodidi.	ʒ iss.	
	Ammonii chloridi	ʒ j.	
	Spts. chloroformii	ʒ ss.	
	Tinct. cinchonæ comp. . . .	℥ iv.	ℿ

SIG.—Two teaspoonfuls three times a day.

—*Med. Bulletin*, Sept.

Chlorosis.—

℞	Strychniæ sulphatis	gr. ¼.	
	Potassii chloratis	ʒ iss.	
	Aquæ	℥ iv.	ℿ

SIG.—Two teaspoonfuls after meals.

—*Med. Bulletin*, Sept.

Anæmia.—

℞	Liq. potassii arsenitis . . .	ʒ ss.	
	Elix. gentianæ ferrat . . .	℥ iv.	ℿ

SIG.—Two teaspoonfuls after meals.

—*Med. Bulletin*, Sept.

ALIMENTARY.

When a Patient Dies of Exhaustion, from What Does He Die ?—In the Section of Medicine at the annual meeting of the British Medical Association in Cardiff, J. Milner Fothergill, M.D., Physician to the City of London Hospital for Diseases of the Chest, read : When this question first puts itself to one's self, or is propounded to another, it seems absurd. That is the first impression. Then follows another impression, to the effect of what is meant by "exhaustion." For the answer to that, I must appeal to the experience of each man present. We all know what is meant by death from exhaustion. It is "failing power." We know of death from shock, from hemorrhage, from nerve-failure, as in death from sheer pain. We also know of that form where the patient sinks before our eyes, slipping away because we cannot "keep up the strength," or "husband the powers," or "maintain life," as we variously phrase it. We know well that, when the sick man declines food, in a limited time he will sink. Starvation is a slow form of burning up. But what is burnt up ? The fuel-food of the body, clearly. The fuel of the body is glycogen, and fat—the stored form of fuel. How fat is burned in the body, we do not know ; but we all know of the fat pig which was buried under a

chalk-cliff at Dover for 160 days. It weighed 160 lbs. when it was immured; when dug out, it weighed 40 lbs. only. It lost 120 lbs. in 160 days, and came out a lean pig. It got some moisture.

Glycogen is burnt, we believe, as lactic acid in union with soda—lactate of soda. From the carbohydrates of our food, glycogen or animal starch is stored, mainly in the liver. This glycogen is stored up from each meal, and given off, as grape-sugar, as the body requires it. Disturbance in the glycogenic function of the liver gives us diabetes, a wasting disease. In the diabetic person the combustible portions of the body are burnt up, just as in death by starvation. The liver gives off grape-sugar as long as it has any to give; and; when its store (and the spare store, the body-fat) is exhausted, then the lamp of life dies out, just as the lamp on our study-table dies out when the oil is exhausted.

Now how does all this bear on our patient sinking from failure of the powers, otherwise "dying of exhaustion"? It bears very materially upon his case. Virtually, the patient is hungering to death; he is dying of starvation. How do we feed that perishing patient? We give him beef-tea, calf's-foot jelly, alcohol, and milk, and seltzer-water or other effervescing-water. He may get a small quantity of other foods; but that just given is the staple of his regimen. Now, let me ask, in all seriousness, how much of the body-fuel (grape-sugar) is contained in the list? A small quantity of milk-sugar there is certainly; also, a small quantity of fat in the milk; some oxidizable alcohol certainly. But are we not mocking the famishing man by giving him a stone when he asks for bread?

Fashion prescribes the food of the sick-room to a large extent. Veal-broth had given way to calf's-foot jelly when my professional experience first began. Then a patient who had not had calf's-foot jelly had been neglected—was the verdict of the public. Now the calf can scamper about in safety; its feet are not in demand. Now it is beef-tea which holds the place of honor in the sick-room. As a stimulant, as a pleasant vehicle of something else, beef-tea is valuable; but its food value is so small, that it can scarcely be classed as a food.

I do not desire to speak disrespectfully of beef-tea, nor yet of the motives of those who carefully prepare it, believing it to be a mighty force. I only maintain that to feed—no, that is not the appropriate word—to give a patient beef-tea as food, is to give him a stone when he asks for bread. What that beef-tea needs is grape-sugar. How can this be added? In all our prepared foods, known generically as "baby food," starch has been converted into the soluble dextrine, or maltose; the one grape-sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef-tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the malting process) is converted, more or less completely, into grape-sugar. The saliva of the sick person is enfeebled—but on this matter we have only broad impressions, and more precise information is desirable—and so carbohydrates should be provided which do not require insalivation for their solution, being already soluble. Such carbohydrates are now to hand, as may be seen in the museum. There are to be seen malt-extracts containing not only soluble carbohydrates, but also some soluble albuminoids, and phosphatic salts, ground malt of like composition, also grape-sugar itself. The latter is not too sweet to pall upon the palate when added to beef-tea, or other meat-broth.—*Brit. Med. Jour.*, Sept. 5th.

Acute Glossitis—Incision—Recovery. — Mabrook el Soudani, an Arab laborer, aged twenty-seven, was admitted to the Egyptian Government Hospital, Port Said, under the care of W. S. Robertson, M.B., C.M, at noon on June 25, 1885, suffering from "une affection extraordinaire de la bouche." The following history was in part obtained at the time, but the whole not until he was considerably better and able to articulate properly.

There was no traumatic history. His tongue had commenced to swell ten days previously. There was nothing in his family history to account for it, and he had enjoyed perfect health previously to the enlargement. He was sitting on the edge of the bed, with his head bent slightly over a basin, saliva running freely from the mouth. On raising his head, his mouth was seen to be almost wide open. The tongue, protruding about one inch, was enlarged to at least three times its normal size; it was much coated, purplish in color, and hard to the touch, but he had little or no pain even on manipulation.

The tongue was quite moist from the excessive salivation. There was no fluctuation. He could scarcely swallow, and his breathing was considerably impeded. The concavity under the chin was entirely gone; in fact, there was a slight convexity from the chin to the root of the neck, from enlargement of the tonsils and surrounding parts. His temperature was 102° Fahr., and his pulse 100. A diagnosis of acute glossitis was made; and, a cord having been passed through the tip of the tongue, so as to ensure a good hold of it, two long incisions were made, one on either side on the under-surface. A good deal of hemorrhage followed, and was encouraged by hot water.

On seeing him the following morning, the sudden improvement that had taken place was striking. The tongue, although twice its usual size, was now withdrawn into the mouth, and the salivation had greatly diminished. His temperature had fallen to 100° Fahr., and his pulse to 90. He was ordered a smart purgative, with chlorate of potash (twenty grains to one ounce) for a wash and gargle. He was put on milk-diet. From this time he continued to improve, and on the second morning he said he wanted to eat. For a day or two there was a slight hardness on the left side of the tongue, in its middle third, which gradually disappeared. There was never at any time the slightest sign of bite or abrasion. He was discharged on July 10th, quite well.—*British Med. Jour.*, Sept. 5th.

Teeth Causing Diseases of the Tongue.—Dr. Paul Berger (*La France méd.*) draws attention to the frequent extreme difficulty of diagnosing certain ulcers of the tongue. He recounts two cases wherein every sign of cancer was present, ulceration, induration, bleeding surface, and glandular involvement, a group of signs which made him quite sure that he had to deal with epitheliomata. In each case, however, the extraction of an irritating tooth cured the ulcers. The very practical lesson is hence derived that no matter how typical of cancer a diseased tongue may be, if there be a jagged or irregular tooth opposite, no opinion should be given until a week or two after its extraction. I may add that during such interval it can likewise do no harm to give iodide of potash as a diagnostic aid. I once had a case, which an incautious physician had pronounced epithelioma of the tongue, and which certainly looked in every way like one, but which yielded to the iodide. The patient denied syphilis.—*St. Louis Med. and Surg. Jour.*, Aug.

Hypodermic Use of Oils.—In cases of obstinate constipation, Dr. J. V. Shoemaker frequently uses castor oil hypodermically. A drachm or two of castor-oil, mixed with an equal quantity of oil of sweet almonds, in order to obtain the required fluidity, is injected, and produces a satisfactory evacuation in about an hour. But the most useful application of oil hypodermically is in diseases of the digestive organs, when nourishment cannot be taken in the natural way, and in tuberculosis, scrofula, and all forms of defective nutrition. Cod-liver or olive oil should be used, in doses of about two drachms, two or three times a day. The nutrition and general tone of the system will improve wonderfully. When the oil is given every two hours it will sustain the system without other food. The treatment of many obstinate skin affections is greatly aided by the hypodermic use of cod-liver oil.

No abscesses follow the injections. A large hypodermic syringe, with a capacity of from two to eight drachms should be used, and portions of the body well supplied with cellular tissue, as the superior and inferior scapular and sacral regions should be selected. Injections can also be made in the arms, thighs, back, or abdomen. Doses of one-half ounce have been administered without causing inflammation of the skin or producing any unfavorable effects.—*Med. World*, Sept.

Trichinosis—Glycerin in Capsules of Keratin.—Dr. Fiedler (*Deutsches Archiv. für klin. Med.*) repeats his former recommendation of glycerin, which, brought in contact with trichina, by the absorption of water from their tissues, causes them to shrivel up and die. Experiments made on rabbits were unsatisfactory because, as Fiedler supposes, the glycerin absorbed so much water from the stomach that it was too weak to have any effect when it reached the trichina in the small intestine. He recommends, on the strength of experiments by Unna, of Hamburg, that the remedy be given in elastic capsules of keratin, which resist the action of the acid gastric juice and are soluble only in the

intestinal fluids. The dose advised is a tablespoonful of *pure* glycerin, repeated every hour. The treatment is to be prefaced by a brisk purge, and supplemented by the administration of glycerin by the rectum (better by the colon), and the ingestion of alcohol in undiluted form, which has also the power of absorbing water.—*Phila. Med. Times*, Sept. 19th.

Neurotic Diarrhœa.—J. V. Solomon (*Brit. Med. Jour.*) remarks that, in hospital and private practice, he is sometimes consulted by women of nervous temperament, on account of a chronic diarrhœa of several years' standing, which has resisted treatment. When he has failed to discover organic abdominal disease he has produced considerable mitigation, and sometimes perfect relief, with the following formula:

Dilute nitric acid	½ drachm
Battley's *liquor opii sedativus* .	1 "
Tincture of gentian	½ ounce
Infusion of gentian	4½ ounces
Strong peppermint water enough to make	8 ouces

One ounce to be taken three times a day. He is inclined to consider the disorder a neurosis.

—*N. Y. Med. Jour.*, Sept. 12th.

Carcinoma of the Rectum.—In the *Beilage zum Centralblatt für Chirurgie*, No. 24, 1885, Dr. Kraske, of Freiburg, describes an operation for the removal of carcinoma of the rectum, in which the growth is seated too high to be extirpated by the usual method, and too deep to be reached by laparatomy. The patient having been placed upon the right side, a median incision is carried from the second sacral vertebra to the anus; the left gluteus muscle is severed from its attachment to the sacrum; and, after excision of the coccyx, the tuberoso-sacral and spinoso-sacral ligaments are detached from the sacrum, when, by forcibly retracting the wound to the left, access to the upper portion of the rectum is greatly facilitated. The operation may be rendered still less difficult by severing, with the chisel, a portion of the corresponding lateral mass of the sacrum, the section being made in a concave line, which, beginning at the outer border of the third sacral foramen, curves downward and inward traverses the fourth sacral foramen, and terminates at the cornu of the sacrum. Conducted in this way, the procedure spares the ventral branch of the third sacral nerve, and the sacral canal is not opened.

The operation, thus briefly described, has been performed by Kraske on two patients, both of whom recovered.—*Phila. Med. News*, Sept. 26th.

Cocaine Prior to Introducing the Stomach-Tube.—Dr. Lafosse writes to the *Bulletin générale de thérapeutique* that in six cases he had found the introduction of the tube facilitated, and dyspnœa prevented, by the preliminary application of cocaine (two-per-cent. solution) to the pharynx.—*Phila. Med. Times*, Sept. 19th.

Pyrosis.—

℞	Sodii bicarb.	ʒ iss.
	Tinct. colombæ	℥ ij.
	Tinct. nucis vomicæ . . .	ʒ j.
	Tinct. capsici	ʒ ss.
	Aqua	℥ ij.

M. SIG.—Half a tablespoonful after meals,

—*Med. Bulletin*, Sept.

Buttermilk as a Remedy for Vomiting.—Dr. J. H. Owings, of Deer Lodge, Montana, states that he has used buttermilk for the purpose of checking vomiting for ten or twelve years past—in as many as fifty cases, he thinks—without a failure. He knows of no other remedy equally satisfactory, and regards it as especially serviceable in cases of severe vomiting after a prolonged debauch.—*N. Y. Med. Jour.*, Sept. 5th.

Acute Dysentery.—Prof. Da Costa placed a man with acute dysentry upon a diet of arrow-root, corn-starch and broth; an opium suppos., gr. j., morning and night, to which was added rest and—

℞	Plumbi acetat.	gr. ij.
	Ipecacuanhæ	gr. ½
	Pulv. opii	gr. ½

M. SIG.—Give every two hours until blood disappears, then lengthen the intervals.

—*Med. World.*, Sept.

Chronic Diarrhœa.—The formulæ recommended by Mr. Vose Solomon (*British Medical Journal*, August 22d, page 344) was incorrectly given, one ingredient (liquor strychnia) being omitted. It should run as follows: ℞ Acid initric dil., ʒ ss.; liquoris opii sedativi (Battley), ʒ j; liquoris strychniæ, ♏xvi.; tincturæ gentianæ co., ℥ ss.; infusi gentianæ co., ℥ ivss.; aquam menthæ piperitæ fort., ad ℥ viij. M. —*British Med. Jour.*, Sept. 5th.

Hypodermic Injection of Piles.—Dr. J. W. Girard, of Winchester, Tennessee,

says: "If my experience with the use of the hypodermic syringe in hæmorrhoids be worth any thing to the profession, I give it cheerfully. I have used it for about ten years, and have treated, I think, about 200 cases without a single failure, and in no case has the tumor returned thus far. My course of treatment is generally to take one part of tannic acid, two parts of carbolic acid, four parts of alcohol, and eight parts glycerine. I inject each pile separately, and, in a few days, they slough away, and generally heal kindly under dressings of carbolated cerate. If there be much constitutional disturbanee, I generally control it with a steam bath or a hot sitz-bath."—*Med. Bulletin.*

URO-GENITAL.

Heart and Pulse in Acute Nephritis.—We are aware that in chronic Bright's disease there is, after a time, usually a dilatation and hypertrophy of the heart, as well as a full, hard, tense pulse, indicating a high degree of vascular tension; but we have as yet heard but little of a like condition in the acute form of the disease.

Dr. G. Baumgarten calls our attention in the *St. Louis Courier of Medicine*, July, in an especial manner, to the fact that hard pulse and secondary hypertrophy of the heart are not at all uncommon in the acute form. He details several cases that have come under his experience, and says that in one case, of a boy aged eight years, who had scarlatina, notwithstanding the urine was of normal quantity and contained no albumen, he made a diagnosis of acute nephritis, based upon a *large, tense, slow* pulse, some œdema of the lids, slight fever, pallor of the face, and loss of appetite. A week later the diagnosis was verified by the occurrence of violent uræmic convulsions, scanty, albuminous, and bloody urine. As the case progressed to recovery, the peculiarities of the pulse gradually disappeared.—*Med. and Surg. Rep.*, Sept. 12th.

Diabetes Mellitus.—Do not use bromide of potassium; it is valueless. Quinine is of no use. Opium is of value, and is one of the best agents, but care should be taken in its use. Codeia, gr. ¼–½ ter die, is much used in France. Trousseau's plan, with strychnia, is very useful. The salicylate of sodium, gr. x.–xv. ter die, in compound spts. of lavender and water, is Prof. Da Costa's favorite. Ergot is useful, but less so than the others. The alkaline plan, which is quite popular in Europe, is of value. Aloes or aloin should be used for constipation that may arise.

Diabetes Insipidus.—1. A course of iron, for its tonic effects. 2. Strychnia is very useful. 3. Ergot gives the best results; absolute cures follow its use; f 3 ss.–j. of the fluid extract should be given ter die.—*Col. and Clin. Record*, Sept.

Paralysis of the Bladder from the Use of Carbolic Acid.—Cartaz, in the *Gazette méd de Paris*, reports cases of vesical paralysis due to the use of carbolic acid in surgical dressings. This is one of the various toxic effects of the acid, and has been observed by the writer only twice, occurring in the first instance after irrigation of the uterus with a two-per-cent. solution of carbolic acid after abortion. The paralysis disappeared on the substitution of corrosive sublimate as a disinfectant. The second instance was met with in the case of an aged woman with fracture of the neck of the femur. The dressings, which were daily changed, were treated with five-per-cent. solution of carbolic acid. In two weeks there was an enormous distension of the bladder, and for forty-eight hours the woman had not urinated. By the catheter about a quart of dark-brown urine was evacuated. In four days the paralysis disappeared, the carbolic solution having been replaced by boracic ointment. There appeared no reason to doubt that in each case the paralysis of the bladder was caused by the drug in question, as in both patients the urine had the color characteristic of carbolic-acid poisoning, and the symptoms of paralysis in each case disappeared on abandoning the use of the drug. Only two similar cases are reported, and in these vesical paralysis resulted from drinking a concentrated solution of the acid.—*Boston Med. and Surg. Jour.*, Sept. 3d.

Prostatic Massage in Retention of Urine.—A very ingenious device is recommended by Dr. J. M. Le Rütte, in the *Weekblad.* The operation is performed by introducing the forefinger into the anus, and moving the prostate three times to the right, three times to the left, three times longitudinally, and then rubbing the surface. This proceeding causes some discomfort to the patient, and cannot be long

borne. A gentleman above fifty years of age, who for a year had found increasing difficulty in passing water, was seized with complete retention. Neither soft nor metallic catheters could be passed. Nelaton's bougie was, however, introduced, and a great quantity of urine drawn off. A large prostate was felt per anum. After twenty massages, with warm bathing every evening, he regained the power of passing water normally, and he has now had no difficulty for two years. A gentleman, aged seventy, suffered in the same way. After fifteen massages a cure was effected, and the patient continues well. With both patients the massage caused some hemorrhage from the prostate into the urethra, which an iron mixture was found quite sufficient to stop.—*Med. and Surg. Rep.*, Sept. 19th.

Perforating Ulcer in Diabetes.—Perforating ulcers of the foot have become associated with the protean tabes dorsalis. So far as we are aware, no observer has hitherto claimed any special association of perforating ulcer with diabetes. M. Laffon has put on record a case in which these two symptoms went together. The patient was a man, aged sixty-one, who about the age of thirty-nine experienced, as the result of a shock, what he called a fever in his left foot accompanied by violent lightning pains. About a year later the big toe of the left foot became swollen, and the first and fourth toes gradually ulcerated. Later the other toes were attacked in the same fashion. Anæsthesia was present only for short distance around the ulcers. The right leg was attacked at times with painful cramps. The urine contained a large proportion of glucose. The disease of the toes was said to have some likeness to ainhum. If there were other symptoms of tabes dorsalis or of diabetes as a disease, no mention is made of them in Laffon's account.—*London Lancet*, Sept. 26th.

Delirium in Bright's Disease.—On the occasion of a case of deliriun in Bright's disease being read at the Paris Hospital Medical Society, Dr. Quinquaud observed (*Gazette hebdomadaire*, August 28th), that in clinical practice great difficulty often exists in determining whether this symptom arises from primary cerebral disease or is an uræmic manifestation. But there is a very simple means of determining the point; for if analysis of blood obtained by cupping reveals an excess of urea, we have to do with uræmic accidents. This is almost a constant rule whatever may be the pathogeny of the uræmia. There is no proof that excess of urea in the blood is the proximate cause of the morbid manifestation, but when uræmia exists, this excess is almost always met with. — *London Med. Times*, Sept. 5th.

Acute Cystitis.—Salicylate of soda, in 7-grain or 8-grain doses, repeated every two hours; give freely of flax-seed or elm mucilage; a suppository of opium ½ gr.; ext. belladonna ¼ gr.; cocoa butter q. s.; introduced up the rectum to quiet tormina. Let the patient drink freely of buttermilk, which is food and medicine at the same time.—*Ga. Med. Eclectic*, Sept.

Astringent for the Urinary Tract.—Gallic acid is probably the best hæmostatic in bleeding from the kidneys, bladder, or urethra. It should be given at frequent intervals, in doses of about ten grains, and is best taken in water.—*Med. World*, Sept.

Perinephritic Abscess. — There are many abnormal conditions that are calculated to bother the surgeon in arriving at a correct diagnosis, but we imagine that there are few so trying as those cases under consideration.

Dr. Samuel Fenwick (*Lancet*) describes two cases that have come under his personal observation, besides drawing some deductions from a large number of collected cases. Severe pain in the loin and abdomen, with some fever, and ultimately the appearance of a tumor, which becomes fluctuating, seem to be the most usual symptoms of any importance. Very insignificant evidence is afforded by examination of the urine, indeed so little as to be of no practical value. In some cases the progress of the abscess is very slow, in others rapid. As to prognosis, it would seem that the more acute the affection the better is the chance for recovery. In one of Dr. F.'s cases (a young man aged twenty-one), where the course of the disease was slow, the patient died, and a post-mortem revealed amyloid degeneration of the abdominal viscera, probably due to the prolonged suppuration. The cause is as yet in a chaotic condition. It may be due to disease of the kidney, of the vertebræ or ribs, of the liver, or indeed any cause that will tend to set up an irritation and an inflammation of the cellular tissue surrounding

the kidney. The treatment is self-evident. When the tumor fluctuates, aspirate it and give attention to the general condition of the patient. When long-continued and severe pain in the lumbar region is complained of, we may always suspect perinephritic abscess, but we cannot be sure until we have a fluctuating tumor.—*Med. and Surg. Rep.*, Sept. 12th.

Chloral in Albuminuria.—Dr. Barduzzi (*Il Movimento*) has obtained excellent results with chloral in daily doses of thirty to forty-five grains, continued for some time, in the treatment of nephritis. Under its use œdema is reduced and the albumen nearly or entirely disappears from the urine. The author regards it as of especial value as a prophylactic of eclampsia in the albuminuria of pregnancy. It is also useful in the so-called physiological or normal albuminuria.—*N. Y. Med. Record*, Sept. 19th.

Hyperæsthesia of Penis—Cocaine.—Picard reports two cases of severe and persistent pain and hyperæsthesia of the penis, which, after the failure of other means, were completely relieved by the application of a two-and-a-half-per-cent. solution of hydrochlorate of cocaine to the membrano-prostatic urethra.—(*Rep. Soc. de Méd. Pratique*) *Birmingham Med. Rev.*, Sept.

Drugs which Increase the Secretion of Urea.—The secretion of urea is increased by salicylate of soda, benzoate of soda, euonymin, iridin, colchicum and corrosive sublimate. These substances also increase the elimination of water (excepting colchicum and salicylate of soda). When large or purgative doses are used, the increased elimination of urea is less marked. —*Med. World*, Sept.

Functional Impotence—Dr. Ultzman's Treatment:—The two forms of this affection which present themselves most frequently for treatment are: 1st, Psychical impotence; and, 2d, Impotence from too early ejaculation of the seminal fluid. They occur usually in strong, healthy young men, and are the forms which yield readily to proper treatment.

The treatment is almost entirely local, as the difficulty consists in the incapability of having a normal erection. The capacity of exciting erections resides in the prostate; hence, this is the point to which treatment is to be directed. This is of several forms, all calculated to relieve the hyperæsthesia of the prostatic urethra, and excite the prostate to the production of powerful erections.

The simplest form of treatment is by passing a steel sound into the bladder daily, leaving it there from five to ten minutes, at the same time depressing the handle so as to make pressure upon the prostate. Usually, in a few days or weeks, powerful erections are excited. The use of astringents upon the prostatic urethra is another method. The remedies used are either tannic acid or solution of nitrate of silver. Tannic acid is inserted in small slender suppositories by the *porte remède* and deposited in the prostatic portion. Urine should not be passed for half an hour after the insertion. This treatment may be used every day, and not less frequently than every second day, till normal erections occur. Nitrate of silver is used in a five-per-cent. solution, and three or four drops deposited upon the prostatic portion by a deep urethral syringe, once every three or four days. During treatment, the patient should abstain from all sexual excitement.—*Buffalo Med. and Surg. Jour.*, Sept.

Iodide of Potassium and Impotency.—Dr. José Armangué, of the Barcelona Faculty of Medicine, writes in the *Independencia Médica* an account of two cases in which he believes a prolonged use of iodide of potassium produced impotency. Both had had syphilis several years before, and had taken large quantities of iodide. The treatment, which was pursued with considerable success in both cases, consisted mainly of stopping the drug, together with cold effusion, electricity, and nux vomica, ergotine, musk, jaborandi, and valerianate of quinine.—*London Lancet*, Sept. 26th.

Salix Nigra as a Sexual Sedative.—Dr. F.F. Paine, of Comanche, Tex., speaking from five years' experience with this drug, states that during a practice of fifty years he has not used a remedy that has yielded more satisfactory results. He recommends it particularly as an anaphrodisiac and as a remedy for ovarian irritation, including certain cases of dysmenorrhœa. He gives teaspoonful doses of Parke, Davis, & Co.'s fluid extract of the buds three times a day. He thinks it has something of a specific action on the nerve-supply of the sexual

apparatus in both men and women.—*Med. Age.*

Sexual Debility.—

℞ Phosphori . . . . . gr. j.
Ext. nucis vomicæ . . . . . gr. x.
Ext. cannabis Indicæ . . . . gr. v.

M.—Divide into 20 pills. SIG.—One night and morning.

—(L. Lewis, M.D.) *Med. World*, Sept.

Spermatorrhœa. — Prof. Bartholow states that he has had better results from the combination of potassium bromide and digitalis in the *spermatorrhœa* of plethora, than from any other remedies.—*Col. and Clin. Rec.*, Sept.

VENEREAL.

Diagnosis of Chancre of the Tonsil.—Dr. Frank Donaldson, Jr., gives the diagnosis of chancre of the tonsil as follows:

SYPHILIS.	CANCER.
Functional Symptoms.	*Functional Symptoms.*
Deglutition and swallowing painful, but rarely impossible, with freedom from pain when the parts are at rest.	Difficulty and pain in swallowing the first and constant symptom, increasing until it is impossible to take food. Lancinating pain referred to the ear.
Physical Signs.	*Physical Signs.*
Some hypertrophy with early superficial ulceration in primary sore. The tertiary ulcer perforating and cone-shaped. Comparatively slight glandular enlargement, not painful, and subsides with the cause of the irritation.	Great hypertrophy, later widespread ulceration. Considerable glandular enlargement and induration, which become very painful, and do not disappear.
Hemorrhage rare.	Hemorrhage frequent.
Slight emaciation.	Great emaciation.
Amenable to treatment.	Not cured by any treatment.

Tonsil chancre may, under some circumstances, be taken for a mucous patch, whose favorite seat would seem to be upon the surface of the tonsil; and this is more likely to happen when the patient is seen for the first time, and secondary symptoms have already manifested themselves, and an ulcer still remains upon the tonsil; or when there is hypertrophy of the tonsil, with an active, and by no means superficial, ulceration of the mucous patch. The mucous patch, however, always follows the roseola; and the patch is, as a rule, superficial and of characteristic appearance, etc. To determine finally between a chancre and a mucous patch upon the tonsil Diday says: "Cauterize the ulcer twice at an interval of five days, and if it is a secondary ulcer, it will disappear; if a primary, hard chancre, it will not."

In exceptional cases chancre of the tonsil is complicated by an extensive slough. The presence of a grayish ulcer, surrounded by an œdematous circle, with inflammation of the surrounding parts, points strongly to a gangrenous throat affection, either of a syphilitic origin or a primary gangrenous angina, such as is described by Gubler and Trousseau. The limitation of the ecchymotic spots, and the absence of its propagation to the pharynx, palate, and larynx, and the general course of the affection, with the appearance or non-appearance of secondary eruption, will settle the diagnosis.

Ulcerating, gummy tumor of the tonsil is distinguished from chancre by a deeper ulceration, and by its dug-out edges. According to Legendre, a good differential sign is the existence of an erythema and peripheral engorgement, which are never found in gummy tumors, but always present in throat chancre. Further, a knowledge of the patient's antecedents will be of great value.

Finally if the lesion upon the tonsil has been of slow unilateral development, if superficial, with grayish-white deposit; is there is a history, or even suspicion of syphilitic exposure; if there is glandular enlargement; if the sore on the tonsil appeared from fifteen days to three weeks after exposure, and there is absence of chancre elsewhere; if the patient has not been subject to simple tonsillar angina; if the pain is on the affected side, has lasted for some days or weeks, and has not excited febrile reaction, and the whole is followed in due time by an outbreak of secondary symptoms, certainly we are justified in a diagnosis of chancre of the tonsil.—*Jour. Am. Med. Ass'n*, Sept. 12th.

Treatment of Syphilis with Hypodermic Injections of Iodoform.—Pickel, of Erlangen, has recently made some researches in this direction (*Wien. med. Wochenschrift*, June 12, 1885), and obtained in a series of twelve observations clinical results which, if corroborated by other clinicians, will go far to the exclusion of mercury in the treatment of this affec-

tion. Pickel used an ethereal solution of iodoform, and gave about four grains of it *pro die*. The following conclusions may be drawn from his work :

1. Injections of iodoform are capable of removing the primary syphilitic symptoms, but are in this respect inferior to mercurial preparations.

2. The effect of the injections on relapses is an undoubtedly favorable and quick one, and is not surpassed by any other method.

3. The tertiary symptoms of syphilis yield rapidly to the iodoform treatment.

4. There is positively no objectionable after-effect from this treatment.

5. The iodoform solution recommends itself in the form of an ether-spray—especially in connection with hypodermic injections of iodoform—in all affections of the mouth, larynx, and pharynx.

6. The iodoform treatment can be kept up without any intermission.

7. The local application is but momentarily painful, and very rarely causes abscesses.—*Therap. Gaz.*, Sept.

Hypodermic Medication in Syphilis.—Prof. Streitz, in an article published in the *Rev. biblograph. des sciences méd.*, strongly advocates the treatment of syphilis by hypodermic medication. Hitherto, this treatment has been objectionable on account of the pain produced and the formation of abscesses. These abscesses are caused, first, when the injection is intracutaneous ; second, when the solution employed causes coagulation of albumen ; and lastly, when foreign bodies are present in the solution. Two new formulas are given, which. he claims, obviate these difficulties :

(1) ℞ Hydrarg. bichloride . grs. v.
Sodii chloride. . . . dr. i. ; grs. xv.
Aq. destillata . . . oz. v.
M. SIG.—10 to 20 minims, gr. 1-30 to gr. 1-15.

(2) *Peptonate of Mercury.—Bamberger.*

℞ Pepsini . . . . . grs. xv.
Aq. destillata . . . . . oz. iij.
Hydrarg. bichloride . . . grs. viij.

Re-dissolve precipitate by adding ammonium chloride, grs. xl. After standing four days, this solution should be filtered. Dose, 5 to 10 minims.

Tertiary Syphilis—Metallic Mercury.—M. A. Luton proposed to make injections of metallic mercury into the intra-muscular tissue for treatment of syphilis. Some fifteen cases in which it was tried seem to confirm the author's theory. The absorption was so complete that stomatitis was observed. The injections were commenced with *one gramme* of the metal. It is recommended in grave cases of syphilis at the transition period and in tertiary forms.—(*Paris Letter*) *Phila. Med. Times*, Sept. 19th.

Syphilitic Laryngitis.—For a case of syphilitic laryngitis in which there was tumefaction but no ulceration, Prof. Bartholow recommended :

℞ Sodii iodidi . . . . . ʒ ij.
Syrupi picis liquidæ . . . . ʒ iij.
M. SIG.—Two teaspoonfuls every three hours.

Also :

Syrupi ferri iodidi ♏xx, three times daily.

—*Med. Bulletin*, Sept.

Intolerance of Iodide of Potassium—Belladonna.—In an article in the *Lyon médical*, M. Aubert calls attention to the utility of belladonna in enabling patients to take the iodide, which, without its aid, proved in their cases not to be tolerable. Most persons on commencing a course of the iodide have some irritation in the throat and nose, coryza, or headache, but this is usually moderate and temporary, and does not prevent persistence in its employment. In a few cases, however, these symptoms acquire an intensity and a persistence which render the continuation of the remedy impossible. M. Aubert finds that a pill composed of five centigrammes of extract of belladonna, given once or twice a day, entirely removes this inconvenience, and enables the patient to continue the iodide, even in considerable doses. In some cases the belladonna may be suspended after a few days, but in others it has to be continued while the iodide is taken.—*London Med. Times.*

Syphilitic Tic Douleureux.—For a case of tic douleureux, which was probably due to pressure from a specific exostosis, Professor Bartholow prescribed :

℞ Potassii iodidi . . . . . ʒ ss.
Sodii bromidi . . . . . ʒ j.
Aqua . . . . . ʒ vi.
M. SIG.—A teaspoonful morning and evening.

—*Med. Bulletin*, Sept.

Treatment of Blennorrhagic Hæmaturia.—Acute and subacute blennorrhœa of the male urethra is not infrequently complicated with the highly unwelcome appearance of hæmaturia. In seventy

cases of gonorrhœa under treatment at the venereal clinic of Prof. Auspitz, of Vienna, Dr. Horovitz reports seven cases of hæmaturia (*Vierteljahresschrift f. Dermat. und Syph.*, No. 1, 1885). Hæmaturia, as occurring in blennorrhœa, usually forebodes a whole train of serious complications, such as orchitis, painful and persistent bloody pollutions and ejaculations. The treatment usually given in text-books consists in absolute rest, cold local applications, and the employment of styptic remedies, such as iron, alum, tannic acid, and ergot. Rest and cold lotions are no doubt rational measures, but they will, in a large number of cases, scarcely suffice to subdue the bloody discharge. Astringents and hæmostatic remedies seem theoretically quite in their place, but practically they are wholly valueless; the same is true of balsamic drugs, which in former times were very popular in this affection.

Horovitz attended once a case of an unusually obstinate hæmaturia progressing rapidly toward pronounced cystitis, in which the failure of all known remedies induced him to try the application of the Nélaton bougie, which he allowed to remain in the urethra for twenty-four hours. On the next day the patient felt considerably improved, the urine was less mixed with blood, and the forced inclination to urinate had decreased. A perfect cure was established within a couple of days. This signal success of course led him to the application of the Nélaton catheter whenever a case of hæmaturia presented itself. The action of this catheter is not hard to be understood; it acts as a mild and uniform tampon to the urethra without interfering materially with the function of that organ. The introduction alone of the instrument is painful, as the part soon tolerates the motionless foreign body. (Injections of cocaine would suggest themselves to render even the introduction painless.)—*Therap. Gaz.*, Sept.

Urethral Discharges — Ferrier's Snuff.—Dr. Ferrier's snuff, dissolved in water, makes an excellent injection for urethral discharges, as gleet, gonorrhœa, etc. It consists of six drachms of subnitrate of bismuth, two drachms of powdered gum acacia, and two grains of morphia. This quantity may be dissolved in six ounces of water, to be used with a small syringe.—*Med. World*, Sept.

Pill for Syphilis.—In the treatment of syphilis, the following pill renders excellent service:

℞ Hydrargyri bicyanidi . . gr. j.
Quiniæ sulphatis . . . gr. xx.
Ext. gentianæ comp . . gr. xxx.

M. SIG.—Divide into 20 pills, one to be taken two or three times a day.

This is Prof. Berkeley Hill's formula.—*Med. World*, Sept.

Injection for Females.—For injections in venereal diseases in the female, Dr. Ernest C. Reyer, of the Dispensary, uses:

Acid tannic,
Pot. permanganas . . . āā 2 drachms

M. SIG.—Teaspoonful in half gallon of hot water as injection.

—*Indiana Pharm.*, Sept.

OPHTHALMIC.

Galezowski's Method of Extracting Hard Cataract.—The *Gazette médicale de Paris* gives this method as follows. It is of interest, as by it the author claims very brilliant results:

1. The eyelids are separated with the articulated blepharostat, and the globe seized below the cornea with forceps to render it steady.

2. With a very delicate Graefe knife he punctures at the junction of the transparent cornea with the sclerotic, about one-eighth of an inch above the horizontal diameter.

3. He then introduces the point of the knife below the pupil and incises the capsule from below upward in a semicircle. He then makes a counter puncture on the side opposite the corneal border, an eighth of an inch above the horizontal diameter. He then incises the cornea one-twelfth of an inch from the sclerotic border.

5. The blepharostat and forceps are then removed and the eye permitted to rest.

6. The upper eyelid is then elevated with the little finger of the right hand, and at the same time the curette is applied to the sclerotic border of the wound.

7. With the thumb of the left hand he then presses upon the lower border of the cornea. The crystalline lens is engaged and escapes without difficulty.

8. The iris frequently returns of itself; if not he replaces it with a fine silver stylet

9. A collyrium of eserine is next applied to the eye.

10. Carbolic-acid spray is directed upon the wound for one or two minutes and antiseptic carbolic dressing applied.—*Detroit Lancet*, Sept.

Ophthalmia and Rheumatism of Joints.—Dr. Zatvornitski publishes in the Russian *Ophthalmic Review* an account of two cases of rheumatic inflammation of joints following ophthalmia. The first was that of a young man who, while suffering from severe urethritis, conveyed the urethral secretion to his eyes. When the ophthalmia was at its height the wrist became acutely inflamed. The eyes were cured by applications of nitrate of silver. The joint inflammation, after continuing in an acute form for ten days, gradually began to subside so as to allow of the employment of active and passive movements. The second case was that of a newly born infant in whom ophthalmia appeared in one eye. Through carelessness and want of proper attention the affection extended to the other eye, and lasted for about six days. When the ophthalmia was most acute, it was noticed that the right elbow and wrist became swollen and inflamed, and shortly afterwards the left ankle. The child's temperature was 40° C., and it was very prostrate. The joint inflammation continued for some ten days, after which it gradually subsided. The *Russkaya Meditsina* remarks, in reference to these observations, that the first case may be merely an instance of gonorrhœal rheumatism. This would certainly seem the most obvious explanation. May not a similar suggestion account for the second case also?—*Lond. Lancet*, Sept. 5th.

Galvano-Cautery in Ocular Therapeutics.—At the late congress of ophthalmologists, held in Copenhagen, M. Nieden considered this subject in detail. He observed that the galvano-cautery was adapted to the diseases affecting the conjunctiva and the cornea, and especially to those in which there was evidence of a mycotic origin, such, for example, as trachoma, conjunctival xerosis, rodent ulcer of the cornea, and scrofulous marginal ulcer. In such cases it affects complete disinfection, as is proved by the clean surface of the base of the ulcer, and the improved tendency to heal which is exhibited immediately after its application, the aqueous humor at the same time becoming clearer, the iris dilating, and any hypopyon that may be present undergoing absorption. It may, he thinks, in the majority of cases replace the operation of keratotomy, and if perforation of the cornea is required, the incandescent loop can effect the opening of the anterior chamber through the base of the ulcer with ease. The instrument possesses the great advantage that its application is attended with very little pain, that it can be employed without an anæsthetic, without a speculum, and without assistance. Out of eighty-three ulcers that had presented themselves to him one application of the galvano-cautery cured eighty-two.—*Clinic of the Month.*

Epithelioma of the Eyelid Removed by Applications of Benzol.—Dr. Mathewson (Brooklyn) reported the following history of a case: An Irish laborer, fifty years old, was first seen October 31, 1883, when he had a growth on the right lower lid, projecting two thirds of an inch, with an ulcerated surface. It had first been noticed, as a warty excrescence, a year or two before, and it had lately begun to grow rapidly. Microscopical examination by Dr. W. H. Bates showed it to be clearly an epithelioma. At first the treatment consisted in dusting the granulating surface with calomel; afterward (at the suggestion of Dr. Bates, who had records of two cases of epithelioma treated successfully, in his own practice, with the agent) in applications of benzol. After about three months' use of these remedies, applied three or four times a week, the growth had completely disappeared, leaving a smooth, depressed cicatrix. On the 1st of March, 1885, the man came back, with the history of a small ulcerating spot having appeared some six months before at the outer edge of the cicatrix. This was extending rapidly, but quickly began to contract under renewed applications of the same remedies, and was much reduced in size when the patient was presented at the April meeting of the New York Ophthalmological Society. On the 1st of May, when the patient left town, it was scarcely noticeable. On the 8th of July the man appeared again, with a considerable increase in the size of the ulcerating surface, but it had again yielded promptly to the applications. The benzol

was brushed over the ulceration and the adjacent surface after they had been carefully wiped, and calomel was then dusted on. The applications were made from two to four times a week.—*N. Y. Med. Jour.*, Sept. 26th.

Aspiration in Traumatic Cataract.—Dr. A. Trousseau relates in the *Union médicale*, Aug. 27th, a successful operation for cataract which he performed on a boy 12 years of age. The accident occurred from a fragment of iron which had entered the eye. When seen by Dr. Trousseau a week afterwards, a completely formed soft cataract was found to exist, which quite prevented all luminous perception. There was a good deal of pain and tension of the eye, which were relieved by a discharge of the aqueous humor. In about a month's time this was discharged again, and twelve days later the cataract was removed by aspiration, complete insensibility of the eye having first been secured by cocaine. The boy having rested three hours at the clinic, left by the railway for his home in the environs of Paris. All went on perfectly well, so that he was considered as cured in less than a week after the operation. This operation for cataract Dr. Trousseau regards as well suited for traumatic cataract. He performed it slowly by means of a buccal aspirator, which he considers very preferable to any syringe. By it the force of the aspirator can be much better graduated. For a good account of the operation Dr. Trousseau refers to a paper by Dr. Coppez, of Brussells, read at the French Ophthalmological Society in 1885; and the instrument which he prefers is that of Desmortis modified by Redard.—*London Med. Times*, Sept. 5th.

Rapidly Progressive Myopia Permanently Checked by Section of the External Rectus.—Dr. George C. Harlan, of Philadelphia, read a paper on this subject at the American Ophthalmological Society. He related the clinical history of a patient who, at the age of 16 years, wore a sph. — $\frac{1}{8}\frac{1}{4}$ to render distant objects visible. Within the last year it was found that the myopia had increased, and asthenopic symptoms became very annoying. After an external tenotomy in one eye, the asthenopia was alleviated, and gymnastics of the muscles was instituted, which produced relief. Dr. Harlan remarked that the insufficiency could not have been the result of the myopia, as it was not affected by full correction; nor could spasm of the accommodation be a possible factor, as the degree of myopia was precisely the same. The asthenopia was not relieved by thorough mydriasis produced by atropia solution.—*Phila. Med. News.*

Amaurosis Due to Bromide of Potassium.—Dr. Rubel reports, in a German journal, a unique case of this kind. A woman, aged twenty-three, attacked with mental disease, suffered from epilepsy, and was treated with large doses of bromide of potassium. One day she lost her sight and Dr. Rubel was consulted. An ophthalmoscopic examination revealed the fact of evident paleness of the organ owing to diminution in the calibre of the retinal vessels. The bromide was discontinued and the iodide of potassium substituted. At the end of five weeks the patient recovered. Bromide of potassium was used again and blindness once more induced. The medicine discontinued, the patient again recovered.—*Cin. Lancet and Clinic*, Sept. 19th.

Keratitis Phlyctenular.—In a work on the eye published by de Wecker and Landolt in Paris, Wecker states that he finds the compressive bandage with the instillation of eserine or pilocarpine to be the most effective treatment in this trouble. Irritants are only resorted to when vascularization has appeared; the use of atropine is restricted to those cases where there is a tendency to iritis and none to ulceration. —*Western Med. Rep.*

Pilocarpine in Amblyopia.—Courserant proposed (*Progrès méd.*) to employ pilocarpine injections in the alcoholic and nicotianic amblyopia. A single injection alone suffices to considerably improve vision, though of course not permanently. The thus obtained improvement becomes permanent, however, after a certain number of injections. Pilocarpine is an excellent factor to eliminate toxic substances from the system, acting at the same time as a stimulant to nutrition.—*Therap. Gaz.*, Sept.

Anæsthesia of Eye.—The use of pilocarpine in conjunction with cocaine is recommended by Dr. H. W. Bradford in cases where it is desirable to produce anæsthesia of the conjunctiva. By this means the dilatation of the pupil and the paralysis of accommodation, usually occurring when

cocaine is used alone, is prevented. A mixture of ten drops of a five-per-cent. solution of nitrate pilocarpine with a drachm of a four-per-cent. solution of hydrochlorate of cocaine, is sufficient to answer the purpose indicated.—*Provincial Med. Jour.*, Sept.

How to Remove Small Bodies from the Eye.—The eye is frequently irritated by the entrance of bits of straw within the lids. If a grain of flax-seed is placed under the inferior eye-lid and the eye closed, it immediately becomes surrounded by a thick mucilage which entraps the foreign body, and soon carries it out from the angle of the eye.—*Med. World*, Sept.

Cocaine Discs.—Dr. Joseph E. Warren, of Boston, suggests that the most convenient way of using muriate of cocaine in ophthalmic practice is that of gelatine discs. Each contains about half a drop of an eight-per-cent. solution (gr. $\frac{1}{25}$).—*Cin. Lancet and Clinic*, Sept. 5th.

AURAL.

Aspergillus — Galvano-Cautery.—The following case is reported by Prof. W. P. Waugh, Phila.:

A gentleman walked into my office some time ago, so woe-begone and emaciated that I did not recognize him until he mentioned his name, although he had been my patient for years. For two months he had been suffering with acute pain in his ear. During this period he had been under the care of an alleged specialist—a person who at intervals floods the city with advertising sheets, on which the anatomy of the ear is depicted by the aid of a few sorry woodcuts. His treatment for the present case consisted in dusting a little iodoform upon the ear. Of its utility you may judge when I tell you that for weeks the man had been unable to masticate his food, or to sleep, and the pain was increasing daily. The external ear and the skin around it were swollen and reddened, as if with erysipelas. From the auditory meatus projected a raspberry-like mass, purplish in color, very sensitive, and bleeding when touched. I applied carbolic acid to its surface. (This was in pre-historic times, before cocaine was.) I then applied the cautery, using the utmost care to prevent its touching the lining of the meatus, and burnt off the mass until I had penetrated about half an inch into the ear.

Here I noticed some smeary substance on the scoop used to remove the débris, and on examination found it to consist of thickened pus. The tumor proved to be a mass of granulations springing from the side of the meatus. When this had been removed, and the pus cleared out, I came upon a substance resembling wet paper, which was removed with a good deal of difficulty, as it was too rotten to remove with forceps, and too tenacious for the scoop. This consisted of epithelial scales mixed with aspergillus filaments. Finally the meatus was cleared out, and the drum could be seen. By this time the erysipelatous flush had disappeared from the face and ear, the pain had ceased, and the patient was relieved. He afterwards informed me that on the way home from my office he stopped twice to partake of stewed oysters, so quickly did his appetite return when the cause of his trouble was removed. The pain produced by the cautery was so slight that he did not mention it during the operation. Three days subsequently he returned with the whole meatus filled with a growth of aspergillus. This was removed, the cavity dried and painted with carbolized oil. The patient was instructed to dry the ear out with salicylated absorbent cotton whenever he noticed any moisture about it. There has been no return of the disease since.—*Med. and Surg. Rep.*

Ear Diseases in India—Pendulous Tumor.—Dr. A Campbell and Mr. M. J. Bramley have described a "Pendulous Tumor of the External Ear." Both ears are usually affected. The tumors arise from any portion of the external ear. The growth is so rapid that a tumor two months old can seldom pass unobserved. These are liable, when growing from the helices, to draw down and double over the ears so as greatly to obstruct hearing. They may be so large as to reach the shoulder. A pair removed from a woman weighed two pounds. Men, women, and children are alike subject.

Dr. Campbell describes this as a very frequent disease in the Valley of Nipal, often occurring in the subjects of goitre. His inquiries, as far as he was able to carry them, led Mr. Bramley to believe that it only occurred in Neel Kheut, a small village

which, with its environs, may occupy a square mile. In the first volume of the "Calcutta Medical and Physical Transactions," Dr. John Adam described and figured a pendulous tumor of the integument, surrounding the outer ear, which rode upon the shoulder, and descended behind and before, reaching, at last, the plane of the nipple. It was clearly *molluscum.*

* * * * *

A poor woman, of the Koonjur class, applied to Dr. R. F. Hutchinson, saying that she was outcasted because the largely perforated lobe of her right ear had been accidentally torn through. Two snips with scissors, removing the cicatrized ends, and one suture, did the needful for her and restored her to her tribe.—*London Med. Times*, Sept. 19th.

Inflammation of the Attic of the Tympanum.—Dr. Samuel Sexton, of New York, read a paper at the Amer. Otological Soc., in which he first referred to the importance of inflammation arising in the attic as compared with that arising in the atrium. The atticus tympanicus was described as that portion of the tympanum lying above a plane extending transversely from the prominence on the inner wall, formed by the external semicircular and facial canals, to the auditory plate on the outside. Beneath this plane lay the atrium tympanicum. Over the attic arches were the tegmen. which also covered the antrum, the petro-mastoid canal, a varying number of cellules, and the Eustachian tube. The attic communicated freely with the antrum by means of the petro-mastoid canal of Sappey. The mastoid antrum lay behind and to the outer side of the attic, in the spongy substance of the mastoid. It was usually larger than the attic, and, as a rule, extended downward among the cellules of the mastoid process, giving off frequently a small passage, communicating with the cellules overlying the external auditory meatus. The attic was divided below into two compartments, the inner being the larger, by the incus and malleus, the cord, ligaments, etc., which formed a partial antero-posterior partition. These compartments communicated freely with each other above, with the atrium below, with the Eustachian tube in front, and with the antrum behind. The outer compartment was wedge-shaped, larger above, and shut in below by the close approximation of the large ossicles to the auditory plate, except anteriorly and posteriorly, where two small openings allowed of drainage into the atrium below. The inner compartment also communicated with the atrium by an elliptical opening surrounded on the inner side by the facial canal and on the outer by the large ossicles, the cord, ligaments, etc. All these cavities were lined throughout with mucous membrane. Acute inflammation of the attic might result from catarrh of the head, the exanthemata, or the entrance of fluids propelled along the Eustachian tube in bathing, or from the use of the nasal douche. Irritating fluids seemed always to be better borne in the lower than in the upper part of the tympanum. Inflammation of the attic might occur in connection with, or be independent of, inflammation of the atrium. It was the more serious from the fact that swelling of the mucous membrane clogged the outlets and prevented drainage. In such cases the membrana flaccida was red, the vascular turgescence extending above into the external auditory canal and sometimes downward about the short process of the mallet. Should the disease progress farther, the inflammation might extend beneath the margo tympanicus of the auditory plate, and be followed by effusion of serum and blood, which pressed away the membrana flaccida and the integument of the canal, producing a bulging sac so great sometimes as to entirely conceal the membrana tympani, and it might entirely fill the canal and present at the lumen as a purplish tumor. Periostitis of the surrounding parts might occur and extend along the surfaces of the canal, and inflammation might spread to the atrium ; but, so long as this did not occur and the membrana tympani was unaffected, there might be little deafness, though autophonia might be present. In nearly all these cases inflammation in some degree extended into the antrum and mastoid cellules, or those overlying the external auditory canal, or those situated in the tegmen. If the escape of secretions into the atrium or Eustachian tube was prevented, the case was more severe, and extension to the cranial cavity more to be feared.

The proper treatment was to effect drainage and employ such constitutional remedies as tended to check the inflammation and prevent the formation of pus, such as

aconite, calx sulphurata, etc. It was impossible to make an accurate differential diagnosis between the pains of pachymeningitis and the neuralgic pains of otitis media. The surgeon should therefore be cautious about trephining the mastoid where pain was the only symptom. After pachymeningitis had set in, it was manifestly useless to perform this operation.—*N. Y. Med. Jour.*

Calomel in Purulent Otitis Media.—Dr. Gottstein, in the *Annales des maladies de l'oreille*, claims that calomel as a remedy in purulent otitis of the middle ear has no equal. It may be used in powder, as an insufflation, or in the form of vapor. It is claimed that it produces absolutely no irritation, and has a most remarkable effect in modifying and healing the disease.—*National Druggist.*

DERMAL.

Port-Wine Mark—Electrolysis.—Dr. W. A. Hardaway, of St. Louis, at the Amer. Derm. Ass'n, stated that in the treatment of this affection, the object is to excite sufficient inflammation to cause occlusion of the vessels. Electrolysis seems to be the most convenient way of doing this. At first the speaker had used a bundle of needles, but after the use of such, the reaction is too violent, and there is, moreover, a great tendency to keloidal development, so that he now employed only the single needle. It is important to allow a period of some weeks to elapse between the operations. The histories of three cases were given in which this method had been employed, in two of which with marked success, in the third the result was unsatisfactory.

Dr. White used this method in one case, and had produced considerable improvement.

Dr. Wigglesworth had seen good results in telangiectases from cutting the vessels in two places and using a preparation of iron, thus closing up the dilated vessels. The worst case of telangiectasis that he had ever seen, occurred in a middle-aged lady whose face, in consequence of the disease, was bright red in color. He treated her for three or four years with a marvellously good result.

Dr. Fox said that we all admit that spider cancers and telangiectasis are amenable to treatment of different kinds, but when we come to port-wine marks, we find a difference. He thought that better results can be obtained by electrolysis than by other measures, but it does not remove the trouble entirely. He has used the treatment with puncture and carbolic acid with fair results. In one or two cases he has passed the electrolytic needle deeply into the tissues, endeavoring to strike the artery of supply, and sometimes has produced a decided effect.

Dr. Denslow, of St. Paul, recently saw a case of port-wine mark on the labia majora of an infant. This had ulcerated when the child was brought to him. As a temporary measure, he applied the liquor guttapercha. In two days, without other treatment, the whole mark sloughed out, leaving nothing but a simple ulcer, which completely healed in the course of three weeks.

Dr. White said that the course in the case mentioned by Dr. Denslow is not an uncommon one in infants.

Dr. Hardaway held that the advantage of the electrolysis is that it is manageable. A practical point might be referred to, and that is, if after the operation the part be frequently mopped with hot water, the inflammatory disturbance will be greatly lessened.—*Phila. Med. News*, Sept. 5th.

Pigment Deposits—Electrolysis.—Dr. Hardaway remarks that the electrolytic current has a wide range of cosmetic application in dermatology. Besides its use in hirsuties, it is useful in warts, moles, small fibromata, milia, and cutaneous horns. It is equally effectual in scattered, very brown or black freckles. In these cases, one should quite gently and superficially prick the pigment deposit here and there with the point of a stiff electrolysis needle, taking care to get down to the corium, thus permanently removing the offending pigment without scar.—*Practitioner.*

Remedies for Skin Diseases in the Form of Spray.—Dr. Hardaway highly recommends spray as a vehicle in the treatment of affections of the skin. His usual habit is to prescribe a solution of definite strength from which the bottle of an ordinary handball apparatus is filled, and the patient is then directed to throw the fine spray on the parts affected. Any substance that is "sprayable," either in its liquid form (diluted or pure) or in a state

of solution, may thus be employed,—*e. g.*, carbolic acid, sulphate of zinc, lotions of grindelia robusta, thymol, liq. picis alkalinus, and fluid cosmoline (medicated or not). In the case of the fluid cosmoline, the tube of the atomizer should be large. The spray finds its greatest range of usefulness in diseases affecting large areas and in that class of disorders accompanied by itching and a more or less unbroken cuticle,—viz., pruritus, urticaria, papular eczema, and the like. In generalized pruritus he had had good results from spraying on a lotion of the following sort: carbolic acid, three to four drachms; glycerine, one ounce; and water, a pint. After the bottle of the atomizer had been filled, he sometimes directs the patient to add from five to ten drops of the oil of peppermint. The atomizer-bottle should be thoroughly shaken before the bulb is compressed, in order to diffuse the peppermint through the mixture, as otherwise it would merely float on top. In many instances the spray is far superior to mopping on lotions with a sponge or rag, being neater and less troublesome, getting the remedy more evenly and uniformly applied over the surface, and usually giving more speedy relief.—*Jour. of Cut. and Ven. Dis.*

Pruritus, Generalized and Local—Veratrum.—It is a well-known fact that at the period of the menopause it is a difficult matter to calm the pruritus resulting from the presence of prurigo, eczema, urticaria, and herpes, where these varieties exist without eruption. Veratrine is a specific in such cases, and when used locally, with precaution, accomplishes wonders. An ointment as follows is most valuable:

Veratine	15 centigrammes
Axunguæ	30 grammes.

Use a particle locally the size of a small pea. When the pruritus is general, the veratrine should be administered internally in the following doses:

Veratrine	2 centigrammes	
Licorice powder, . .	q. s.	M.

Fiat 40 pillules.

SIG.—Two to six pills a day.

—(*Lyons médical*) *Cin. Lan. and Clin.*, Sept. 12th.

Charcoal and Camphor in Chronic Ulcer.—A mixture of equal parts of camphor and animal charcoal is recommended by Barbocci as an application to prevent the offensive odor and remove the pain of old excavated ulcers. The camphor acts as a disinfectant, and the charcoal absorbs and destroys the offensive odors.—*British Medical Journal.*

Salicylic Acid and Castor Oil in Psoriasis. — Dr. Fox, of New York, showed, at a meeting of the New York Dermatological Society, a girl, eight years old, who had psoriasis covering all the body. The patient's father and sister also had psoriasis. When she was admitted to the hospital a two-per-cent. solution of salicylic acid in castor oil was applied to the right arm, a weak solution being used because of the great congestion of the skin. When the patient was shown the scaling was less, and many of the patches had disappeared, although the disease was extending in other directions. To the left arm the mixture of oxide of zinc and balsam of Peru had been applied, and there was even less congestion in this situation. In the second case the lower extremities were chiefly affected. This patient was peculiarly susceptible to the action of ammoniated mercurial ointment, even a very small quantity excitng servere dermatitis. Chrysarobin pigment had been applied to the right leg, and a five-per-cent. solution of salicylic acid to the left leg, producing a marked improvement in the condition of the eruption in the latter situation.—*Phila. Med. Times*, Sept. 5th.

Treatment of Lupus by Parasiticides.—Dr. J. C. White, of Boston, at the Amer. Derm. Ass'n, reviewed briefly the evidence in favor of the parasitic nature of the affection. All previous plans of treatment which had proven most successful were those which would have the effect of destroying any parasite which might be present.

A number of cases were then reported in which the local use of corrosive sublimate in the strength of two grains to the ounce of water or unguent had been used with beneficial results. The ointment was especially recommended. It had been rarely necessary to prolong treatment over two months. As regards the permanency of the cure, the author was unable to speak, as the experiments had been continued for only eighteen months.

Dr. Sherwell expressed his profound disbelief in the parasitic nature of the disease.

Dr. Wigglesworth suggested that the ole-

ates might be more efficient than ointments, on account of their penetrating power.—*Med. and Surg. Rep.*, Sept. 12th.

Frostbitten Fingers and Toes.—Dr. Lapatin, in the *Proceedings of the Caucasian Medical Society*, advises that fingers and toes which have been slighty frostbitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once, and afterwards twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days, the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is effected in from ten to fourteen days. The author has found this plan very effectual amongst soldiers, who were unable to wear their boots, in consequence of having had frozen feet. They were, in this way, soon rendered capable of returning to duty.—*British Med. Jour.*, Sept. 5th.

Excipients for Topical Applications.—Vigier (*Gaz. hebd. de méd. et de chir.*) has written a note on this subject, with special reference to vaseline and some of its congeners, such as *pétréoline*, *neutroline*, *carburine*, and *pétrobaseline*, the last-mentioned of which is the newest of the series, and is described as a liquid of fine appearance. Valuable as these hydrocarbons are, the author deprecates their indiscriminate use, and summarizes the principles which should guide prescribers in choosing excipients for external applications. Lard, and the oils which resemble it in their action on the skin, are the best vehicles for medicaments. The mineral fats, solid or liquid, although having the great advantage of being unalterable, offer a certain impediment to absorption, retarding it at least. Glycerine prevents absorption, and should never be used as an excipient, but only for its own effect. On the contrary, it should be chosen when it is an object to avoid absorption, as in the use of corrosive sublimate, or to temper the action of irritants, like carbolic acid or arnica. *Pétrobaseline* seems destined to play a prominent part in therapeutics, but its properties, which are curious in some respects, need to be studied further. It does not disolve boric acid at all, but it dissolves borax. A formula is given for a four-per-cent. solution, made with the aid of gentle heat and filtered.—*N. Y. Med. Jour.*, Sept. 12th.

Electrolysis in Dermal Practice.—At the Amer. Derm. Ass'n, Dr. Hardaway said he had performed the operation of electrolysis for ten or twelve years, probably longer than any other member of the Association. He used the iridò-platinium needle, which has the advantage of being bent, and it is not likely to pass through the follicle wall. The moment the follicle is entered, there is an escape of sebum. One case, that of a woman with a heavy black beard, has been entirely relieved. Electrolysis with a fine needle affords a method of getting rid of freckles. The plan is to dot the needle over the surface covered by the freckle.—*Jour. Amer. Med. Ass'n*, Sept. 19th.

TOXIC AND HYGIENIC.

Sanitation by Fire.—Colonel J. M. Keating recently read a paper before the American Health Association, entitled "The Ultimate of Sanitation by Fire." He concludes that the cremation of excreta and all household and street wastes would (1) preclude the possibility of the return of such waste in any such deleterious form; (2) it would save two thirds of the water supply of cities, and thus increase the quantity for personal sanitation; (3) it would put a stop to soil saturation and sewer gas; (4) it would reduce scavenging to the minimum of expense; (5) it would put a stop to the nuisances complained of from defective plumbing; (6) it would prevent the silting up of harbors with excretal matter; (7) it would prevent the pollution of rivers, and so stop the wholesale destruction of fish—the poor man's food crop; (8) equally applicable to towns, villages, hamlets, and cities, it would put a stop to the privy and cesspool system, and thus prevent the saturation of soils which frequently drain into the water-courses that are the sources of supply for great cities; (9) it would solve all the problems that now vex sanitarians; and (10) it makes a finality of all the wastes of cities of every kind, character, and description, the result being according to Shaw's method, an ash of great value to farmers, and clinkers that have a special commercial value for builders.—*Provincial Med. Jour.*, Sept.

Disinfection of Sleeping Apartments.—Professor König, of Göttingen, in an article on this subject in the *Centralblatt für Chirurgie*, says that at one time, while he was practising medicine in Hanau, he suddenly discovered that his bedroom was thickly inhabited by bugs. A friend assured him that he could speedily rid him of the pests, and proceeded to fumigate the apartment with corrosive sublimate. The success of this measure was most gratifying, and when the room was opened the dead bodies of various kinds of insects were seen strewn about the floor. This incident led the writer to hope that the same means would be effectual in destroying the infectious elements of contagious diseases, and a trial in private houses after scarlet-fever or measles, and in hospitals after erysipelas or pyæmia, gave most satisfactory results. Since adopting this method, he has never seen a second case of a contagious disease which could be attributed to infection remaining in the room in which the patient had been confined. The mode of procedure is very simple. From one and one half to two ounces of. corrosive sublimate are put on a plate over a chafing-dish, and then the windows and doors of the room are closed. At the expiration of three or four hours the windows are opened, and the apartment is thoroughly aired. The person entering the room should take the precaution to hold a sponge or a cloth over the mouth and nose in order not to inhale the vapor. The following day the windows are again closed and some sulphur is burned in order to neutralize any of the mercurial fumes which may still linger about the furniture and other articles. The room is to to be again aired and cleaned, and will then be ready for occupancy.—*N. Y. Med. Record*, Sept. 5th.

Pilocarpine an Antidote to Daturine.—A Hungarian physician being called to a child of four who was in a comatose condition from having eaten, as her playfellows said, two handfuls of the ripe berries of the thorn apple (Datura stramonium), and in whose vomit the berries could be plainly detected, gave pilocarpine hypodermically, thinking that as that had proved successful in atropine poisoning it ought to be useful in datura poisoning also. He began with the fourteenth of a grain, and as no effect was produced he increased the dose to a seventh. As improvement was now evident this was repeated. Altogether in five hours he gave six sevenths of a grain, and by that time the child was convalescent. No physiological symptoms of pilocarpine were produced until the last dose was given, which was followed by profuse secretion of saliva and perspiration. The author therefore concludes that five sevenths of a grain of pilocarpine had been required to neutralize the daturine, its own physiological action not coming into play until that was completely effected. He thinks that this case sufficiently demonstrates that pilocarpine is antidotal to daturine.—*London Med. Times*, Sept. 19th.

To Purify Drinking-Water.—Professors Austen and Wilber, after the most elaborate experiments, consider it established that by the addition of two grains of alum to the gallon, or half an ounce to the hundred gallons, water can be clarified by standing, and that neither taste nor physiological properties will be imparted to it by this treatment. By increasing the amount of alum, the time required for separation and settling can be diminished; and, *vice versa*, by diminishing the amount of alum added, a greater time will be required for the clarification. The solution of alum is made as follows: Dissolve half an ounce of alum in a cup of boiling water, and when it is all dissolved pour into a quart measure and fill to a quart with cold water. This solution should be kept in a bottle labelled "alum." Fifty-four drops of this solution contain two thirds of a grain of alum, which is the amount to be added to one gallon of water. The old-fashioned teaspoon holds about forty drops, the new spoons, however, hold about seventy drops. Hence a modern teaspoon, scant full, will be about the right amount to add to every gallon of water to be filtered.—*St. Louis Cour. Med.*, Sept.

Poisoning from Domestic Medication.—The dangers that attend the administration of medicine to children, without medical advice, are constantly being illustrated in the proceeding of coroners' courts; and there is only too much reason to conclude that a good deal of the evil result ensuing in this connection is attributable to the circulation among the masses of so-called popular guides to domestic medicine, the number of which now in course of publication is considerable. A

case in point occurred but a few days ago, at a village called Rishton. Two children, daughters of an operative, twins, and but four weeks old, were suffering from an attack of diarrhœa, and the mother took upon herself to treat them under the circumstances. To this end she procured a quantity of poppy seeds, stewed them for some time, and then gave each child three spoonfuls of the decoction. The unfortunate infants naturally died within twenty-four hours, and at the inquests which followed a verdict was returned to the effect that the mother had, in ignorance of the consequences, administered poison to her offspring. The parents were greatly distressed at the mischance, and it is to be hoped that they will henceforth see the advantage of seeking medical aid when the condition of their offspring seems to demand the employment of medicine.—*London Med. Press*, Sept. 9th.

Medicated Sweetmeats.—The painful circumstances attending the accidental death of Mr. Henry Jacobson, a fortnight ago, may lead others besides ourselves to question the advantage of administering poisons such as morphia, even in minute doses, in the form of sweetmeats. The disagreeable after-effects are not obviated by this method of compounding, as this cannot interfere with the well-known cumulative action of the drug. Neither can it be said that morphia is a remedy so nauseous that its taste may not easily be endured when it is given in mixture as a means of cure. There is, on the other hand, this danger in its use as a pharmaceutical lozenge, that the purchaser, finding his medicine in a form apparently harmless, is apt to disregard rules of dosage. Further, by this practice, a drug more dangerous than almost any other for certain states of body is placed, without adequate caution or proviso, in the way of persons who probably know nothing about the discomfort they are treating, save the fact of its existence.—*British Med. Jour.*

Ventilation of Churches.—Edifices devoted to public worship could easily be rendered the most comfortable places of resort of any, in winter and in summer. Instead of that we find that they are abominably cold in winter, and unbearably hot in summer. In winter some of the money which is collected for the heathen, and which finds its way thither more or less, might very profitably be laid out at home, in providing the congregation with heat. In summer, with the exception of a few solitary panes, every window, from top to bottom, is hermetically sealed. These immense windows could flood the edifice with pure, fresh air. They should be constructed like the German windows, to turn on a central vertical rod, to be turned in any direction to meet the prevailing breeze; the same stained glass patterns could be used. If these suggestions could be adopted, and water-closets be added, many people would attend who now stay away.—*Eastern Med. Jour.*, Sept. 15th.

Lead Poisoning by Long-Continued Painting of the Face.—Professor Rosenthal recently showed, at the Society of Physicians of Vienna, an interesting case which had been under his treatment as an outpatient at the "Allgemeines Krankenhaus." The patient, an actor, aged thirty-seven, had long noticed an emaciation of the fingers of his right hand. Prof. Rosenthal found, on examination with the electrical current, a loss of power and of faradic irritability in the common extensors of the fingers, and in the lumbricales as well as in the fourth interosseous; galvanic contractility was not lost. The supinator longus was not affected, but the irritability of the radial nerve was much diminished. The left hand was normal, except that the power of abducting the thumb was somewhat impaired. The idea that it was a case of paralysis caused by pressure was abandoned in view of the slow development of the case, the implication of the fourth interosseous muscle, and the normal state of the supinator. Progressive muscular atrophy was also excluded, as the development and reaction of the muscles of the thumb were normal, and there was no muscular atropy of the arm, though the irritability was diminished. The whole complex of symptoms, however, induced Prof. Rosenthal to diagnosticate lead poisoning. He therefore had the gray and red paint that had been used examined by Prof. Ludwig, who found that both contained a considerable proportion of lead.—*London Med. Times.*

Poisonous Pickles.—A case has recently been reported of fatal poisoning by eating colored pickles. A little girl of eight years ate about half a large pickle that had been purchased at a neighboring grocery. During the night she was attacked

with dysentery and vomited freely. A physician was summoned, who declared she had all the symptoms of copper poisoning. The remaining portion of the pickle was discovered to have been colored with sulphate of copper and of sufficient quantity to kill a man.—*Eastern Med. Jour.*

Poisoning from Caffeine.—Dr. E. N. Liel, of New York, reports a case of poisoning from eighteen grains of citrate of caffeine, which was relieved by hypodermics of atropia, and drachm doses of whiskey.—*N. Y. Med. Jour.*, Sept. 19th.

Trichinous Sausage.—Merkle gives an interesting statement of several persons who ate sausage in which living trichinæ abounded. One of the persons was thoroughly purged with senna and the next day given a tablespoonful of pure glycerine every hour until fifteen doses were taken. He entirely escaped trichinosis, while all the others were attacked with the disease. —*Denver Med. Times*, Sept.

Belladonna as an Antidote of Iodide of Potassium.—In three cases in which iodide of potassium caused unpleasant nasopharyngeal symptoms, Dr. P. Aubert (*La Independencia Médica*), found entire relief afforded by extract of belladonna in doses of three fourths of a grain, morning and night. He found even that, after the use of belladonna for a few days, it could be discontinued without a return of the symptoms of iodism.—*N. Y. Med. Record*, Sept. 19th.

Alcohol Incompatible with Chloral Hydrate.—Geo. F. H. Markoe states that he has found by careful experimentation that when alcoholic preparations are combined with hydrate of chloral, especially in connection with the bromides of potassium and sodium, a separation is likely to occur in the mixture, the chloral separating as an alcoholate, and floating on the surface, thus causing danger of giving an overdose.—*Am. Jour. of Pharm.*

Arsenic in Glauber's Salts.—A note contributed to the *British and Colonial Druggist* by Sir Charles Cameron again draws attention to the contamination of drugs in common use. In a sample in Sir Charles' possession eight grains of arsenious acid were found in a pound avoirdupois of the salt. The sulphuric acid of commerce is rarely free from arsenic. Sulphate of magnesium and sodium prepared with an impure acid might contain dangerously large proportions of arsenious acid.—*London Lancet.*

The Communion Cup.—*Apropos* of your remarks on infected ice-creams in your last issue, a question has occurred to me. Are we not running a similar risk—though perhaps a less one—in the present mode of administering the Holy Communion? Is the slight turn of the cup which communicants may be observed to make not indicative of a suspicion of danger in the public mind? Might not a gentle wiping of the rim of the cup by means of a clean white napkin be introduced?

MEDICAL OFFICER OF HEALTH.

(The practice suggested by our correspondent is, we believe, in vogue amongst certain religious communities.—ED. *L.*)—*London Lancet*, Sept. 26th.

PARTURIENT.

Pregnancy after Double Ovariotomy.—Schatz, in the *Centralblatt für Gynäkologie*, records the case of a woman who became pregnant after the operation of double ovariotomy. The woman for a long time had suffered abdominal pain, and the operation was performed February 20, 1880. The left ovary was found to be in a condition of fibroid degeneration, and was completely removed together with the external portion of the corresponding Fallopian tube. The right ovary also showed signs of cystoid degeneration, and was removed, with the exception of a small band—at the most only one twelfth of an inch wide. The right Fallopian tube remained intact. Cure resulted without incident, save the occurrence of an abscess formed in the path of one of the sutures. A month after operation violent pain in the hypogastrium and thigh was experienced, in lieu of the menses; but finally, on June 20th, menstruation occurred and continued up to the time of the patient's marriage, April 23, 1884. The symptoms of pregnancy were well marked at the beginning of September, and accouchment at term occurred May 12, 1885, after thirty-six hours' labor.—*Phila. Med. News*, Sept. 19th.

Electricity in Obstetrics.—Dr. W. T. Baird presents the following tabulated comparison of ergot with electricity:

ERGOT.	ELECTRICITY.
1. Action slow—no response until after 20 or 30 minutes have elapsed, thus losing time, thereby occasionally proving fatal to the patient.	1. Action instantaneous, thus economizing time, and so in some cases proving of great value to the patient.
2. Action uncertain; in some instances it will entirely fail to produce uterine contractions.	2. Action certain; it need never fail to produce uterine contractions.
3. Action uncontrollable; it will sometimes "lash the uterus into a fury," which may produce laceration of the cervix or perineum.	3. Action under perfect control of the operator; therefore, it may never endanger the integrity of the cervix or perineum.
4. Action always followed by shock, and sometimes by great exhaustion.	4. Action never followed by either shock or exhaustion.
5. Action attended with danger, and always with an increase of suffering.	5. Action harmless, and always attended with a diminution of suffering.
6. Action continuous, allowing no time for rest, thus violating one of the wisest provisions of nature.	6. Action rhythmical, "giving ample time for rest," thus stimulating nature.
7. It cannot be safely employed until dilatation of the os is well advanced; therefore, its use is restricted to the latter part of the second and to the third stages of labor.	7. It may be employed as soon as the first labor pains set in, and thus facilitates the labor in all of its stages.

Further on, in the same paper, the author gives the special indications for the employment of electricity as an oxytocic. He states that electricity may be deemed indicated in any case where it may be desirable:

1. To modify the pains of labor.
2. To favor a more rapid dilatation of the os.
3. To promote more vigorous uterine contractions.
4. To add tone and strength to all the muscles engaged, and "increase their power of doing work."
5. To abridge the time occupied by the labor.
6. To prevent shock, exhaustion, and post-partum hemorrhage.
7. To insure contraction of the uterus in cases of instrumental delivery.
8. To act as an auxiliary in the induction of premature labor.
9. To arrest hemorrhage and accelerate labor in cases of placenta previa.
10. To prevent an undue expenditure of nervous force, in all cases of debility from whatever cause, thus leaving the patient in a condition to secure a speedy and favorable convalescence.

Directions: The electrodes the doctor uses are one small copper plate, one and a quarter inches wide, and five inches long; one large surface-sponge electrode, and one wrist electrode.

The patient lying on her back, the doctor attaches one cord to the copper plate, and covering it well with a napkin wet with *warm water*, applies it to her sacro-lumbar region.

The other cord he attaches to the wrist electrode. The positive pole is connected to the copper plate; the negative to the wrist electrode.

The wrist is covered with a napkin wet with warm water before the physician applies the wrist electrode to himself.

The battery being in operation, the current is closed by applying the hand having the wrist-electrode to the abdominal parietes, the hand kept well moistened with warm water.

He says: By this contact I can estimate the condition of the uterus, and can also estimate the amount of increase which occurs in its contractions, and I am also enabled to perform uterine manual pressure, and if it is necessary to use both hands for this purpose, it can readily be done, and each hand then conveys the current to and from the uterine walls. When the application is made in this way, it enables the operator to estimate correctly the strength of the current which he is applying, and the hands being much more sensitive to the current than the abdominal walls, as long as he continues the operation through his hand, there will not be the slightest danger of his producing any unpleasant effects upon his patient, but, on the contrary, a current as strong as can be borne ordinarily by the operator's hand will have a pleasant and soothing effect upon her. If an operator were timid, or could not bear a current of sufficient strength through his hand to be effective, he could then use a large surface-sponge electrode in place of his hand, but if he does this, he should first test the strength of the current with his hand before applying it, in order to be very certain that it was not too strong at

the commencement, as otherwise he might induce painful spasmodic contractions of the abdominal muscles, which would be most likely to cause a hasty suspension of the experiment. It is always best to begin with very mild currents, and gradually to increase them to the desired strength. I always make the application with the hand *continuous* until a sufficient amount of sedation is produced (from five to thirty minutes), then I open the circuit by removing my hand, during the interval between the pains, and close it again when the pain recurs. In short, after all reflex pain has been subdued, and the patient rests well in the intervals, I then *only keep the circuit closed during the time occupied by the rhythmical contractions of the uterus.* By this intermittent application, we are effectually guarded against the danger of destroying the electro-muscular contractility of the muscles which we wish to stimulate and strengthen.

Whenever it becomes necessary for me to support the perineum (and often sooner, if I need rest), I instruct a nurse or friend how to make the applications, to open and close the circuit, being careful to direct her that with each recurring pain to change the location of the electrode, so that *all* the muscles engaged may be brought *directly* under the influence of the current. As soon as I wish to facilitate the labor (at the beginning of the second stage), I use a current of as much force as the patient can bear with comfort, and in practice it will be found that the stronger the current used in this stage (short of producing spasmodic contractions of the abdominal muscles), the better it will suit the feelings of the patient. After the perineum is well dilated, I moderate the force of the current, and in cases where I have any reason to apprehend danger to the integrity of this structure, I withhold it entirely for a few minutes prior to the escape of the fœtal head from the vulva, so as not to hasten unduly the labor at this stage, and to give ample time for its full, free, and safe dilatation. As soon, however, as the head escapes, I direct the circuit to be closed *most* of the time until after the completion of the third stage of the labor, which in nearly all cases occurs with but little or no assistance in a very few minutes. In all of my cases in which I have used it, the placenta has been expelled in from one to ten minutes from the birth of the child, with very slight or no traction upon the cord. This I regard as more simple, far less painful, and fully as speedy and efficient as Prof. Credè's method.

Apparatus.—Any good, reliable induction apparatus will answer, but it *must* be reliable and in perfect order, otherwise it will most likely fail at the very moment its services are most required.—*Amer. Jour. Obst.*

Electricity as a Galactagogue.—It is suggested by a correspondent in the *Amer. Jour. of Obstetrics* that a collective investigation would develop the actual value of electricity in deficient action of the mammary glands, the reports so far being contradictory. The idea is a good one, as we have had the happiest results from electricity in this direction, although one or two friends were not successful in securing equally good effects because of their want of appropriate and efficient apparatus. Static electricity has been used by the reviewer in thirty-seven cases altogether. Of these, twenty-nine patients obtained a full action permanently, six were much improved, and two others were not benefited. The last two were phthisical and anæmic. Three of the six improved had post-partum hemorrhage, and they were considerably reduced in vigor thereby. We learned that after leaving us they gradually, under the systematic employment of faradism, became restored and nursed their infants the usual time. The other three were obliged to use the bottle in addition to nursing their children.

To be efficient, static electricity must be thoroughly applied by a good machine. A little school apparatus will not do. The application should be made at least once daily,—it were better several times each day. After the gland starts into action, massage and faradism will develop it rapidly in the majority of instances. Firm uterine condensation secured by faradism arrests notably the normal action of the breasts, and prevents leakage of blood from the womb if involution is not satisfactory. Correspondents have inquired if the heart was affected by the sparks, and we may here state that such was never the case, nor was there any difference observable in the quality or character of the milk, which, so far as we know, was always normal. The infants in our own cases uniformly thrived satisfactorily.—*Philadelphia Med. Times.*

Subinvolution.—Dr. F. Ellingwood (Chicago) considers fluid extract of ergot and bromide of potassium as specifics in subinvolution. Regarding the benefit to be obtained from electricity we quote as follows: "Electricity is a most powerful adjuvant, if used in the form of the mild galvanic current, will rapidly produce an amelioration of the symptoms, and, if used immediately subsequent to confinement, will absolutely prevent the conditions, and the long train of evils which will surely follow, and will restore the womb rapidly to its normal state. The galvanic current, judiciously applied, will accomplish this restoration in three weeks."—*Weekly Med. Review.*

Management of Pregnancy. — In the management of pregnancy, Prof. Parvin says: Let the patient eat but little in the latter months, though she may eat a little frequently during the day. A large meal causes much inconvenience, due to the already enlarged abdomen. A bandage properly applied around the abdomen is useful and comfortable. She should sleep eight hours, and take an occasional bath in tepid water. If leucorrhœa be present, let her use an injection of salt water, and bathe the external genitalia with tepid water.

Cure of the Breasts.—Use oily matters, and no alcohol. In the morning the nipples may be painted with equal parts of tincture arnica and water, but in the evening should be covered with cocoa butter.

High-heeled shoes should be dispensed with during pregnancy.—*College and Clinical Record*, Sept.

Pruritus of Pregnancy — Pilocarpine.—A correspondent writes that a single dose of one third of a grain of pilocarpine by the mouth, served to bring on profuse sweating and salivation, with complete relief of intolerable and persistent itching, which had lasted throughout pregnancy and recurred after delivery.—*British Med. Jour.*

Cocaine in Obstetrics.—I have been able to mitigate considerably the pain attending the dilatation of the os in primiparæ, by freely painting the os uteri with a 12-per-cent. solution of cocaine. I have thus used this drug four times in four successive cases, which happened all to be primiparæ; but I shall henceforth use it in all cases. I paint it on liberally through a speculum.—George H. A. Dabbs, M. D. —*British Med. Jour.*, Sept. 5th.

Vomiting of Pregnancy.—A case has just been reported by Dr. A. B. Nichols, of this city, in which he used one quarter of a grain of hydrochlorate cocaine internally for vomiting in a woman advanced seven months in pregnancy. The vomiting was arrested by the first dose administered.—*N. Y. Med. Jour.*, Sept. 26th.

Threatened Abortion.—

℞ Tinct. aconiti,
Tinct. belladonnæ . . . āā f ʒ ij.
Aquæ rosæ . . . . . f ℥ iv.

M. SIG.—Two teaspoonfuls, to be rubbed over the sacrum, groins, etc., when occasion requires.

—(Dr. R. Eades.) *Med. World*, Sept.

GYNECIC.

Abdominal Section as a Means of Diagnosis.—Dr. C. D. Palmer, of Cincinnati, O., was the reader of a paper with the above title, at the last annual meeting of the American Gynæcological Society. The doctor dwelt upon the importance and difficulty of making a diagnosis of diseases of the abdomen and pelvis. He did not look with favor upon tapping as a means of diagnosis, and thought much harm could and has been done by this means. On the other hand, an accurate and thorough diagnosis can be made through a very small incision in the abdominal wall. The following are mentioned as among the conditions in which exploratory incisions are allowable:

1. Some ovarian tumors; tapping is largely unnecessary, and ovariotomy should follow as soon as threatening symptoms manifest themselves. In complicated cases tapping is of doubtful propriety.
2. Certain interstitial and extra-uterine fibroids producing persistent hemorrhage, growing to large dimensions, threatening life, etc. Abdominal section enables the surgeon to clear up points of diagnosis, and to determine whether oöphorectomy or hysterectomy promises the best results.
3. Certain cases of acute and chronic peritonitis.
4. Interstitial obstruction.
5. Some cases of pelvic abscess.
6. Extra-uterine pregnancy, of which abdominal section has sometimes changed entirely the outlook of laparotomy.

After the fourth month, when neither electricity nor puncture can be employed, laparotomy can be practised at least in the tubal and interstitial forms, and as a primary operation in the abdominal form. —*Amer. Four. Obst.*

Saccular Dilatation of Urethra.—Lawson Tait, until the beginning of this year, had never seen such a case, but during the past three months he has met with three cases almost exactly similar. The symptoms in all were precisely alike. There was a constant escape of fetid ammoniacal purulent urine, which did not occur always on ordinary micturition, but only when there was any strain, or upon pressure, or change of position, and sometimes quite independently of the patient's control. On examination a tumor was found, apparently continuous with the neck of the bladder, presenting itself between the lips of the vestibule, closely resembling an ordinary cystic vaginocele. When a catheter was passed along the roof of the urethra, it went into the bladder and clear urine was drawn off; but, if passed along the floor of the urethra, it entered the cavity of the tumor, bringing away putrid urine. On each case, the author operated with complete success. This form of disease is stated to be, most likely, due to an error of development, by which a small offshoot of the urethra, like a diverticulum of intestine, is the result of faulty union of the primal folds; and this becomes of pathological importance when women become accustomed to those errors of urination to which they are all more or less addicted.—*N. Y. Med. Record*, Sept. 5th.

Uterine Dilatation.—Dr. Goodell exhibited his improved uterine dilator to the Obstetrical Society of Philadelphia. He said that the main difficulty in the operation for the rapid dilatation of the cervical canal lies in the liability of the blades of the instrument to slip out. This he had, in a great measure, overcome by having shallow grooves cut into them. Into these grooves the tissues sank, and the resulting friction keeps the instrument in place.

Since he had called the attention of the society to his instrument, not quite a year ago, he had performed the operation forty-one times for dysmenorrhœa and sterility, making, in all, two hundred and nine such cases. In not a single instance had dangerous symptoms followed, and the average of success was a very large one. He had become firmly convinced that for dysmenorrhœa and sterility the operation of rapid dilatation of the cervical canal would, except in some very rare cases of stenosis of the os externum, wholly supersede the cutting operation, the use of tents, or the slow dilatation by any means whatever. For, by the former, not only is the measure of success far greater, but the danger from inflammation is very much less. He dilated the parts from three quarters of an inch to one inch and a quarter, as measured by the register in the handles, watching the cervix carefully to see what strain it could bear. His instrument could be opened to the width of one and a half inches, but he resorted to that extreme divergence only when wishing to introduce his finger for diagnostic purposes. This he could not ordinarily do unless the parts were relaxed from hemorrhage. Usually, however, when suspecting the existence of a polypus, he did not find it needful to pass in his finger, for after a moderate dilatation he introduced a fenestrated forceps and opened it at haphazzard. In this manner he has repeatedly caught and twisted off a polypus without knowing it was present, the subsequent removal of the growth through the os uteri being the most difficult part of the operation.

Dr. Baer (the President) stated that when the uterus contains a polypus, the continued hemorrhages reduce the contractility, and a single dilatation will sometimes enlarge the os sufficiently to admit the finger or forceps; but, if the uterus is healthy, it contracts immediately after the withdrawal of the dilator. He could not recall an instance of inflammation following rapid dilatation. Sterility of long standing is seldom cured by dilatation or any other means.—*Phila. Med. News*, Sept. 19th.

Cancerous Cachexia.—Dr. Goodell says it is a great mistake to suppose that the cancerous cachexia is present in every instance of cancer of the uterus. He thinks that it is absent in one half the cases which come to him for treatment. Instead of being lean, bony, and scrawny, with a leaden hue of the countenance, many of these cases present a buxom appearance, with rosy cheeks. These cases, according to his observation, are less amenable to treatment and are less benefited by operative

influence than are those in which cachexia is apparent early.—*Med. Bulletin.*

Infectious Peritonitis in Virgins.—Dr. Snyers has described, in the *Annales de la Société Méd.-Chirurg. de Liége*, two interesting cases, which seem to show that the virus of erysipelas can cause, in women who have never had intercourse, an acute form of peritonitis, similar to that observed in puerperal cases. A young woman (a virgin), aged eighteen, was suddenly seized with symptoms of acute peritonitis five weeks after a servant in the house had been taken ill with erysipelas of the face; death ensued in thirty-six hours. Shortly afterwards the brother of the young woman had an attack of erysipelas on the arm. This did not cause much anxiety at the time; but, a fortnight later, the second sister, aged twenty (also a virgin), was seized with the same symptoms as the first, and died in less than two days. At the *post-mortem* examination, Dr. Firket failed to discover any local cause by which the origin of the inflammation might be explained. The spleen was much swollen, and the blood had the same appearance as in cases of infectious diseases. *British Med. Jour.*, Aug. 29th.

Santonin in Amenorrhœa.—The following is from a communication by Walter Whitehead, F.R.C.S. Eng., F.R.S. Edin., Surgeon to the Manchester Royal Infirmary: At the risk of being regarded premature, I wish to attract early attention to the therapeutic value of santonin in the treatment of some forms of amenorrhœa, especially when associated with chloro-anæmia.

Some years ago, during my attendance upon a young lady of seventeen, suffering from an obstinate ingrowth of a toe-nail, it was incidentally mentioned that the patient had symptoms suggestive of worms. I prescribed ten-grain doses of santonin to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. No worms, however, made their appearance, but a few days afterwards I was casually told that menstruation, which had been in abeyance for several months, had again taken place, and in a much more healthy manner than formerly. The coincidence did not impress me at the time, and I never for a moment supposed that the reappearance of the catamenia had the most remote connection with the two doses of santonin. The subject did not cross my mind again until upwards of twelve months afterwards, when one day, whilst prescribing for a young girl suffering from ozæna, I was forcibly struck with her chloro-anæmic appearance. Influenced by some impulse—"the association of ideas," I suppose—I ordered santonin in the same manner and in the same doses as in the previous case, and, much to my surprise I must confess, with the same results. I have frequently since administered santonin in amenorrhœa with almost universal success, and in many cases after the ordinary remedies, including the permanganate of potash, have been tried in vain.

* * * * *

In cases of chloro-anæmia, subordinate to amenorrhœa, the drug appears to be of the most signal value, as I have invariably noticed that with the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided.—*London Lancet*, Sept. 5th.

Never Overlook an Over-Distended Bladder.—A writer reproduces the histories of several cases of retention of urine, in which the over-distended bladder was mistaken for abdominal tumor. In the comments following, a case is related in which the writer was called in consultation to examine a woman recently confined, in whom incontinence of urine had led to the suspicion of vesico-vaginal fistula. The withdrawal of three quarts of offensive urine cleared up the diagnosis.

The case last related recalls very vividly an incident in the lying-in ward of the Charity Hospital, which occurred some years ago, in the days of Prof. Frank Hawthorn. A two-hundred-pound negro woman recently confined, was "passing her water in bed" to the satisfaction of the nurse and the resident student. But to the professor, on his morning visit, the words in quotation were ominous. A gum-elastic catheter was introduced in the presence of the medical class, and to the present writer, more especially, it did seem that the flow of urine would never cease.—*Md. Med. Jour.*

Potassium Bromide in Ovarian Menorrhagia.—Dr. Alfred Meadows, at the British Gynæcol. Society, referring to

the powerful influence exercised by this agent upon the ovaries, stated that no drug equalled it in controlling ovarian menorrhagia: it not only limits the flow, but also exercises a distinct and controlling influence upon ovulation itself, decreasing its frequency.—*Phila. Med. Times*, Sept. 19th.

Sterility—Phos. Zinc.—Dr. J. Matthews Duncan places phosphide of zinc high on the list of remedies applicable to the treatment of dysmenorrhœa and sterility. Doubtless he has reference to those cases only in which the difficulties are not due to mechanical obstruction, and in which no appreciable cause can be detected. In prescribing the drug great care should be exercised in securing a pure article. The crystallized preparation should alone be used, the powder being quite inert. The dose is a tenth of a grain, morning and evening, but we should advise a smaller dose to commence with.—*Med. Age*, Sept. 10th.

Injections for Fœtid Leucorrhœa.—A contributor to the *Union médicale* gives the following formulæ:

Chlorate of potassium	12 parts
Wine of opium	10 "
Tar-water	300 "

Add three tablespoonfuls to half a pint of warm water.

Salicylate of sodium	20 parts
Salicylic acid	1 part
Tincture of eucalyptus	45 parts
Wine, or white vinegar	300 "

Add two tablespoonfuls to half a pint of warm water.

—*N. Y. Med. Jour.*, Sept. 19th.

Tampons of Glycerine and Alum.—In a paper on the treatment of uterine displacements with medicated tampons, Dr. Robert Bell, of Glasgow, recommends the use of tampons containing both glycerine and alum, the former for its depleting action upon œdematous tissues, and the latter for its astringent tonic effect upon relaxed parts.—*N. W. Lancet*, Sept. 15th.

Piscidia Erythrina in the Treatment of Dysmenorrhœa.—*Nouveaux remédes* gives the following formula:

Mint water	120 parts.
Tincture of *Piscidia erythrina*	8 to 12 "
Syrup	30 "

SIG.—A tablespoonful to be taken three or four times a day.

—*N. Y. Med. Jour.*, Sept. 15th.

PEDIATRIC.

Indigestion in Children.—Wm. H. Hale, M.D., says: Children are particularly prone to disorders of the digestive apparatus, and the most prevalent form is indigestion.

During the summer especially, owing to the extreme heat and the ingestion of food entirely unsuited to the age of the child, is this the case. The gastric and intestinal secretions are not of sufficient quality or quantity to effect their digestion, consequently they lie in the stomach acting as an irritant, and ultimately vomiting takes place. Previous to the occurrence of vomiting, fermentation develops, and the injected matter is of an extremely acid character.

On first seeing a child with an attack of indigestion, one may be puzzled as to what the affection is. We generally find the child, who but a few hours previous was bright and playful, now listless, languid, lying down, with no interest in his playmates, eyes bright and feverish-looking, skin hot, and temperature high, rising in a few hours to 100° F., and even 103° F. or 104° F. The fever generally continues until the removal of the irritating matter from the stomach, when rapid defervescence occurs. Sometimes there are small diarrhœal stools, but more frequently constipation exists. If the child is old enough to express itself, it will complain of headache, excessive thirst, and nausea. Vomiting generally occurs.

Extreme prostration occurs, and the patient becomes limp from the severity of the symptoms. Coldness and chilliness are at times complained of, but this is only transient, and is soon succeeded by extreme heat. Vomiting is at times severe, and large amounts of food are expelled from the overloaded stomach in the same condition as when it was eaten; accompanying it is some mucus, and at times bile.

The ingestion of large amounts of fruit or vegetables, and particularly corn, and large draughts of ice-water, which chill the stomach, preventing digestion, are the most frequent causes, and the ones which have come most frequently under my notice. At times we find it due to too frequent nursing, the child being given the breast every time it cries, if that is every five minutes during the day. Children should be nursed at an interval of two hours for the

first few months, and as they get older it should be increased in length.

The treatment is extremely simple, so soon as we are positive that it is indigestion. I find a calomel purge, together with a fever mixture, generally all that is necessary. Quinine is one of the best fever depressants, as it also combines tonic properties. The regulation of diet, together with the above measures, and subsequently a tonic, is all that is necessary to complete recovery.—*Polyclinic*, Sept.

Repeated Attacks of Scarlatina in a Child.—At the N. Y. German Physician's Soc., Dr. Gustav Langmann reported a case of a boy, fourteen years of age, who had had twenty-four attacks of scarlatina. About twelve years and a half ago the patient had his first attack of scarlatina complicated with diphtheria. This occurred in the year 1871, and since that time he had had a regular attack of scarlatina every spring and fall. The rash, angina, rise of temperature, and especially the characteristic desquamation of the palmar surface of the hands, left no doubt as to the correctness of the diagnosis. The urine never contained albumen, and the temperature was seldom higher than 102° F. Dr. Langmann also stated that it was not rare for a patient to have scarlatina more than once.

Dr. William Balser had observed a case in which the patient had six attacks of scarlet-fever.

Dr. Herman G. Klotz said it was important to remember that *erythema exudativum* occurred most frequently in the spring and autumn, and also called attention to the fact that, after an exanthema brought on by quinine, a desquamation of the palmar surface of the hands occurred.—*N. Y. Med. Jour.*, Sept. 5th.

Retro-Pharyngeal Abscess. — Dr. De Blois gives particulars of two cases, one in a child of three months and in another of seven months, in neither of which there occurred a commonly described sympton, fixation of the head backward. In both there occurred dyspnœa and in one dysphagia.

The least dyspnœa or dysphagia in an infant should always command a most careful examination of the pharynx. Children have died from retro-pharyngeal abscess without having had any symptom noticeable.—*Boston Med. and Surg. Jour.*

Sulphate of Iron in the Gastric Catarrh of Infants.—When absorbents and tonics fail to correct the acidity, Roth (*Pest. med.-chir. Presse*) resorts to sulphate of iron, which acts favorably in a variety of ways. In the first place, it is a disinfectant; under its use, the evacuations are changed in color and lose their offensive odor. Being an astringent, it contracts the turgid mucous membrane and coagulates albuminous matters. In order that these effects may be decided, its use should be continued for several days. The author employs the following formula:

Sulphate of iron		1½ grains.
Mucilage of acacia Syrup	each	5 drachms.

A teaspoonful to be given every two hours.

—*N. Y. Med. Jour.*, Sept. 19th.

Infantile Eczema and Indigestion.—That eczema so frequently occurs in infancy, the large size and great activity of the liver in early life and the striking action of calomel, these facts lead Dr. Byford to associate indigestion and infantile eczema as cause and effect. He gives from a quarter to an eighth of a grain of calomel twice a day, if too great irritation of the bowels is not produced. In children over two and a half years old, in order to avoid salivation, he gives purgative doses of calomel every six or eight days, trusting to diet and other remedies in the intervals.—*Chicago Med. Jour. and Exam.*

Detection of Spermatozoa in Rape.—Dr. Lionel S. Beale, in his work just published upon "Urinary Derangements," relates the following case: "A little girl was brought into King's College Hospital in July, 1857, upon whom it was said a rape had been committed about three hours before. Mr. C. Heath, who was house surgeon, removed, with a pipette, a little of the mucus from the vagina at a point beyond the hymen, and after placing it upon a glass slide, sent it to me for examination. It was not examined until six hours afterward, and, being uncovered, it became quite dry. Nothing definite could be made out by submitting the dry mass to examination. It was, therefore, moistened with a drop of distilled water, covered with a piece of thin glass and examined with a quarter-inch object-glass. Numerous cells of vaginal epithelium were seen, and amongst them as many as six spermatozoa were discovered in various

parts of the field. All these were well defined and free from the epithelium."—*Cincinnati Med. News.*

Effect of General Inunctions on Temperature.—From an inaugural thesis of Nasser (Lyon, No. 201) we abstract the following conclusions :

1. Fatty matters, or vaseline, applied to the entire surface of a child during fever modify the temperature.

2. This modification of temperature consists usually in a reduction of the fever-heat, rarely in a slight and transient elevation, exceptionally only no change is observable.

3. The younger the children are, the more pronounced is the reduction of the febrile feature.—*Therap. Gaz.*, Sept.

Intestinal Catarrh—Salicylic Acid.—At a recent meeting of the King's County Medical Society, Dr. W. A. Northridge read a paper on the salicylic-acid treatment of the intestinal catarrh of infancy. In conclusion he states :

1. That in salicylic acid and its derivatives we have most valuable remedies in the treatment of diarrhœas, and especially in those occurring among children during "the heated term."

2. That its remedial powers are due, first, to the anti-fermentative powers of the acid acting locally; second, to an alterative effect through the circulation.

3. That it is an efficient substitute for opium in those cases where that drug is contra-indicated.—*Louv. Med. News*, Sept. 5th.

Diarrhœa and Feeding-Bottles.—In the *Journal* of August 22d, attention is most properly called to the frequent close connection between infantile diarrhœa and feeding-bottles.

I regret that no allusion was made to that objectionable appendage of most modern bottles, the flexible rubber tube. The old boat-shaped bottle is free from this, but it is difficult to clean mechanically, and I do not consider any other mode of cleaning efficacious, since oil of vitriol, though undoubtedly effective, is too dangerous for ordinary use.

I would recommend any one interested in the subject to go into the nearest nursery and cut open the tube of the "Alexandra," or similar bottle, and smell it. He would then, I think, do as I have done, banish such elegant contrivances in favor of the older form.—(G. B. LONGSTAFF.) *Brit. Med. Journ.*, Sept. 5th.

Infantile Paralysis.—For a case of infantile paralysis of two or three weeks' duration, in a girl æt. four, in which the paralysis involved the right upper extremity and the left lower extremity, Prof. Bartholow brought about a good result by massage, also the administration of lacto-phosphate of calcium with ol. morrhuæ. Strychnia was injected into the muscles.—*Col. and Clin. Record*, Sept.

Anodyne for Children.—The following "Baby ℞" is frequently used in the City Hospital, and has generally given much satisfaction :

COLIC MIXTURE.

Take of—

Sodii brom.	4 scruples.
Ol. anisi	2 grains.
Tr. opii camph. . . .	32 drops.
Aqua, q. s., ad . . .	2 ounces.

M. SIG.—Teaspoonful every hour, as needed. Shake before using.—(Dr. R. ST. J. PERRY.)

—*Indiana Pharm.*, Sept.

SURGICAL.

Parasites and Tumors.—The part played by "irritation" in evoking tumor formation is well illustrated by Dr. Belleli, of Alexandria, in his record of a case where a fibro-adenoma of the rectum was apparently produced by the presence of the ova of bilharzia in the submucous tissue (*Progrès médical*, 1885, No 30). This, it seems, is not an infrequent result of the parasitic disease. The adult bilharzia, lodging in the portal and vesical veins, deposits its ova in the small vessels of the walls of the intestine and bladder, where they become arrested, and are often set free into the intestinal canal or the bladder by rupture of the obstructed vessels. Many of the ova remain lodged in the walls of these viscera, and they have been found throughout the whole extent of the intestine associated with polypoid growths. These tumors are especially frequent in the rectum, and give rise to dysenteric symptoms. The case in question was that of a boy, twelve years of age, who had suffered from hæmaturia and dysentery for nearly two years. The urine contained many ova of bilharzia, and on examination of the bowels a tumor of the size of a small apple was found projecting

on the left side. It had a broad base, but was successfully removed by the écraseur. The histological characters of the growth were those of the ordinary adenomatous polypus of the rectum, but in the fibrillar tissue between the epithelial tubes were seen groups of the ova of the parasite. There can be no doubt, Dr. Belleli thinks, that it was owing to the entrance of these still living ova, some of which contained living embryos, that the tissues had been irritated, and as through the rich venous supply of the rectum facilities are afforded for a constant ingress of the parasites, the continued growth of the tumor may be explained. He goes further, and endeavors to show that the reason why the tumor formation in this and similar cases is homologous and regular is because the irritation is limited by the non-development of the embryos. If, on the other hand, the ova had undergone their full transformation, it is probable that the irritation of the tissues would have been more extensive, and would have prevented the regular arrangement of the newly-formed histological elements. In other words, a continued and increasing source of irritation would have resulted in the formation of an atypical epithelial growth—a true cancer. Such an hypothesis opens the way to a wider conception of the origin of tumors, and it is hinted that we may ultimately find a solution of this problem in the action of minuter forms of parasitic life upon the tissues of the body. Truly, there seems no limit to the territory of the microbe, which will soon claim to govern the whole range of morbid processes, at least in fancy ; but we cannot help feeling that Professor Virchow is right when he says that the future will see a reaction in favor of the reëstablishment of cell-life and cell-processes as the real foundation of diseased action.—*London Lancet.*

Removal of Tumors of the Abdominal Wall with their Peritoneum.—Dr. M. Sanger of Leipzig, contributes to the *Archiv für Gynäkologie* (Band xxiv., Heft 1) an interesting paper on this subject. It deals with the removal of tumors of the belly wall so closely and and extensively applied to the peritoneum that this membrane can only be preserved uninjured by a difficult dissection, after which a large thin sheet of peritoneum, free from its main vascular connections, will be left. In such circumstances some operators have adopted the easier course of cutting away the tumor with its peritoneal covering, and taken great pains to bring together the edges of the peritoneal wound, leaving the skin which covered the tumor as a large loose bag over the stitched-up incision. Others have filled up the gap by stitching omentum into the wound, without great success. Sanger here publishes a case in which he simply stitched together the margins of the incision through the skin and muscles, leaving the large surface from which the tumor had been removed uncovered with peritoneum ; so that after closure of the wound a great part of the anterior abdominal wall was left bare of peritoneum. Three similar cases have been published before, one by Esmarch, two by Sklifossowsky. All four were successful. In only one of them (Esmarch's) was drainage employed. In order to determine the behavior of the parts affected when this course had been adopted, Dr. Sanger has made experiments upon animals, and he finds that just as after a destruction of skin healing takes place and fresh epidermis is formed, so after a removal of part of the peritoneum new endothelium is produced. The paper concludes with a general survey of all the cases of tumor of the abdominal wall known to the author.—*London Med. Times.*

Nutritive Dressings. — The great value of nutritive dressing of large granulating surfaces is well shown by Dr. William Barton Hopkins. A case of injury to the arm and forearm in which the integument was fairly stripped from the underlying tissues, and producing a general sloughing of the entire integuments, muscles, and cellular tissue, leaving a large granulating surface, equal to an area of one hundred and five square inches, producing pus, inducing a constant drain of the nutritive elements of the blood, thus causing a general shock to the whole system, nervous and assimilating, anorexia, nervousness, emaciation, hectic, sleeplessness, night-sweats, elevated temperature (102°–102.5°). Cicatrization had ceased and the state of granulating surface was that of exhaustion, partaking of the nature of the general system. At this critical juncture of affairs Dr. Hopkins resorted to the wise and physiological expedient of making the large granulating surface a medium for the ad-

ministration of nutritive material properly prepared to fit it to easily and readily pass into the circulation, taking advantage of the natural laws of osmosis and capillary force. Accordingly, an emulsion of cod-liver oil was prepared, peptized by adding five grains each of pepsin and pancreatin to each fl. oz. of oil. With this the sore was dressed by soaking lint in it and applying to the surface. Soon a change for the better was observed, first in the general constitutional condition of the system, evidently through the blood on the nervous centre —renewed blood feeding starving nerve-centres. Then the local condition of the sore improved steadily. Appetite, digestion, assimilation, all improved, and the local trouble was bettered, secondarily. Skin-grafting was then resorted to for the purpose of helping to bridge the immense chasm and expedite complete cicatrization and healing. The length of time this nutritive dressing was continued extended up to the moment it was found to have accomplished its purpose—that is, awaken the new energies in the life of the system. The principle of this case is not new to us, because we used something like it in treating a large granulating surface on the back and side and abdomen, caused by a scald, many years ago, wherein we applied cloths saturated with sweet milk, lime water, and strong beef essence to the suppurating surface as soon as the patient showed signs of sinking from hectic, and the exhaustion of shock was draining on the system.—*Therap. Gaz.*

Operation to Cure Extensive Loss of Skin in the Arm.—Joseph Bell, Surgeon to the Royal Infirmary, writes: In November, 1883, N. L., during a very severe attack of phlegmonous erysipelas, lost the greater part of the skin of the inside of his right arm, from the posterior fold of the axilla down to within three inches of the wrist-joint. He came under my care with the view of having an amputation performed at or near the shoulder-joint. After months of treatment, however, by skin-grafting, rest, etc., cicatrization had progressed, till only a wound about 3½ inches long by 1 broad remained on inside of elbow-joint. This refused to heal any farther, a dense cicatrix ringed in the arm for about three inches of its length, and the tissues around were constantly reopening. He again was admitted in June, 1885, requesting amputation. I thought it a pity to sacrifice a good hand, so determined to shorten the limb. This I did by cutting down upon the humerus three inches above the elbow-joint behind, and removing subperiosteally the whole lower three inches, including the condyles and cartilage, and also the olecranon. He has now a useful arm with full flexion, extension, pronation, and supination, shortened barely two inches, and healed.—*Edinburgh Med. Jour.*, Sept.

Bite of Rabid Animal.—For the effectual cauterization of the bite inflicted by a rabid animal, a few drops of strong mineral acid are worth all the lunar caustic in all the chemists' shops of London. Means nearer to hand, and as effectual when thoroughly used, are found in the actual cautery—which can be extemporized out of an ordinary knitting pin or the points of a pair of scissors heated to bright redness in the fire. Another means, even more readily available in some cases, is found in gunpowder, which can be placed on the wound and fired by an ordinary match. This is a plan which has been adopted in the case of snake-bite with success. These rougher methods are, of course, more painful in accordance with their more efficiently destructive efficacy. But pain is a minor consideration under such circumstances, and is willingly borne by the sufferer in consideration of the far better chance of cure which accompanies it. It can be much mitigated by temporarily tightening the ligature which ought always to be bound above the affected part, wherever its application is anatomically possible; and by the subsequent application of pure carbolic acid—itself an antiseptic caustic of no mean power. —*London Med. Times*, Sept. 5th.

Cicatrices.—D. Genese, M. D., Baltimore, Md., writes as follows: In treatment of cicatrices of the face, particularly of the lower jaw, all unsightly scars may be avoided by using a dressing of per-chloride ferri 3 i., collodion 3 ij.

Let the cicatrix be cut clear off, and the dressing applied fresh every day, and a barely perceptible line will be the result.

Great damage is often done by non-attention to the six-year molars, so prone to decay and form alveolar abscess. The pus burrows downwards in young persons, on account of the spongy state of the in-

ferior maxilla at that age, often without causing much pain, until suppuration becomes highly offensive, and calls special attention from that cause. I had, lately, a case that had been allowed to run over a year without the medical attendant calling attention to the matter, and found necrosis had set in, but with removal of the cause, and treating as above, the girl is without a visible mark.—*Md. Med. Jour.*

Ether Douche and Electricity.—The danger of using the ether douche and electricity at the same time, revealed itself to Dr. C. H. Hughes in an accident which happened to one of his patients recently. The patient was being treated for a cerebro-spinal trouble, and had received a descending fronto-cervical constant current, and a liberal douche of sulphuric ether to the top of the head. The patient was immediately thereafter conducted to the static insulated stool, and as the roller was applied up and down the spine, the ether on the head ignited. The patient had on a wig which caught fire, but the fire was promptly suppressed--though it for a moment blazed up brightly—by clapping hands on the burning head and smothering the flame. The precaution to be deduced is to never apply ether until after the use of the static battery, when the latter and the former are both indicated.—*N. E. Med. Monthly.*

Cancer—Duration.—The average duration of life in cancer of the tongue is, without operation, ten and a half months ; with operation, sixteen months. In some cases, after operation, the patients have lived from two to five years, or even ten years. *N. Y. Med. Record.*

Malignant Growths—Diagnosis.—Malignant growths invade the surrounding tissues, and in general are to be distinguished by this peculiarity from tumors which displace the adjoining structures.—"Cancer," by W. Parker, p. 4—*St. Louis Cour. Med.*, Sept.

Soap for Surgical Instruments.—A soap for cleaning surgical instruments, and other articles of polished steel, which have become flecked with rust by exposure in the show-case, is made by adding precipitated chalk to a strong solution of cyanide of potassium in water, until a cream-like paste is obtained. Add to this white castile soap in fine shavings, and rub the whole together in a mortar until thoroughly incorporated. The article to be cleaned should first be immersed, if possible, in a solution of one part of cyanide of potash in four parts of water, and kept there until the surface dirt and rust disappear. It should then be polished with the soap made as above directed. Articles so treated look as "good as new."—*National Druggist.*

Nitro-Glycerine as a Substitute for Alcohol.—Joseph B. Burroughs suggests the use of nitro-glycerine in many cases where alcohol is usually administered as a stimulant. He states that he has so used it to relieve the nausea and faintness during minor surgical operations, in the case of opium poisoning, in the headache of an anæmic patient, asthma, shock after accident, etc.

One drop of a one-per-cent. solution is the dose to commence with. This may be increased according to the effect produced. —*Therap. Gaz.*

Antiseptic Ointment.—Dr. Thayer has found the following ointment very useful at the hospital department of the Mexican Central Railway : Iodoform 3 j., subnitrate of bismuth 3 iv., boracic acid 3 ij., vaseline ℥ ij. It is spread on a sheet of absorbent cotton sufficiently large to cover the wound and a considerable extent of surface around it. It is well suited for the after-treatment of amputation-wounds, as it can be easily removed when necessary without adhering to the wounded surface. The first dressing is usually left undisturbed for from four to six days. Even in the warm climate of Mexico, there was not present the least disagreeable odor. It was employed in more than four hundred cases, comprising some very important wounds, and with great success.—*N. Y. Med. Record.*

Charcoal and Camphor in Chronic Ulcer.—A mixture of equal parts of camphor and animal charcoal is recommended by Barbocci as an application to prevent the offensive odor and remove the pain of old excavated ulcers. The camphor acts as a disinfectant, and the charcoal absorbs and destroys the offensive odors.—*British Med. Jour.*

Surgical Sponges.—The following is Mr. Lawson Tait's method of preparing the sponges, and but one person is trusted to do this : New sponges are first put into a large quantity of water with sufficient muriatic

acid to make the water taste disagreeably acid. They remain in this mixture until all effervescence has ceased and all the chalk is removed. For this purpose it may be necessary to renew the acid several times. The sponges are afterward carefully and thoroughly washed, to make them as clean as possible and free from every rough particle. After being used at an operation, they are first washed free from blood, and then put in a deep jar and covered with soda and water (one pound of soda to twelve sponges). They are left in this about twenty-four hours (or longer if the sponges are very dirty), and then they are washed perfectly free from every trace of soda. This takes several hours' hard work, using hot water, squeezing the sponges in and out of the water and changing the water constantly. Leaving them to soak for a few hours in very hot water greatly assists in the cleansing. When quite clean, they are put in a jar of fresh water containing about one per cent. of carbolic acid, and after being in this for twenty-four hours they are squeezed dry and tied up in a white cotton bag, in which they are left hanging from the kitchen ceiling (being the dryest place in the house) till they are wanted.—*N. Y. Med. Record*, Sept. 5th.

Cellulose as a Surgical Dressing.—Many as are now our articles for surgical dressings, Dr. Fischer, of Trieste, proposes in the *Zeitsch. f. Therap.* that we should add cellulose to the list. He claims for it the following advantages :

1. It is absolutely free from substances capable of exciting putrefaction.
2. It has a very low specific gravity.
3. It produces neither eczema nor erythema upon the epidermis.
4. It retains moisture and heat perfectly for more than twenty-four hours.
5. It never adheres to granulating wounds or the surface of the skin.
6. It adapts itself perfectly to the outline of the place of application.
7. It is much cheaper than other materials heretofore used for similar purposes. —*Md. Med. Jour.*

Hygroma.—Dr. Grier (Paris) reports the case of a sailor attacked with hygroma of the knee, the size of a pullet's egg, existent for three months, which was cured by the application of a blister, and three days afterward a dressing of emplastrum de vigo cum mercurio. The cure was perfect at the end of eight days.—*Cin. Lan. and Clin.*, Sept. 5th.

Surgical Insomnia.—Dr. Henry W. Ridpath, of the hospital, uses the following mixture in all surgical cases where the patient cannot sleep or be kept quiet :

Take of—

Sodii brom.	1 ounce.
Chloral hyd.	8 scruples.
Tr. digitalis	½ drachm.
Aqua, q. s. ad.	4 ounces.

M. SIG.—One to three teaspoonfuls every hour, as needed.

—*Ind. Pharm.*, Sept.

Recent German Surgery.—Observations by T. Esmonde Cahill: The first thing that strikes us is the decadence of Listerism, so warmly taken up in Germany a few years ago. It is no longer a question of "Fort mit dem, whole business." The great centre of scientific thought—the world's brain, as it were—has spoken more significant still—the principle of antisepticism is falling into the shade. The most successful dressings are only mildly antiseptic. *The* most successful material—peat-mould—is found to be a weak antiseptic, and itself impregnated with micro-organisms. But although the principle of antisepticism has failed as a working hypothesis, I am prepared to maintain that there has been a greater principle underlying the whole history of antisepticism, from Lemain and Declat in 1861 to Neuber and Esmarch in 1884. I mean the principle of *astringency*. Carbolic acid, sublimate, bismuth, chloride of zinc, oxide of zinc, acetate of albumina, peat-mould, moor-moss—they are all astringents. The only possible exception is perhaps iodoform, which stimulates vitality instead. But it will be observed that the moist astringents are not so much favored as the dry. By a process of natural selection and the survival of the fittest, the dry derivatives of tannic acid are usurping the whole field. There can, I think, be no doubt that tannic acid is the essential working principle of peat-mould and moor-moss. And here we may stop to reflect how science may sometimes stoop to take a lesson from empiricism. The oldest treatment of breast-gall in horses among ploughmen and carters is a decoction of oak bark. Again, the use of bole Armenian in their practice has puzzled many veterinary surgeons. It is looked upon as an unnecessary tradition. But is it not quite

plain that bole Armenian is a derivative of alumina? In conclusion, I may be allowed to remark that for two years I have found the dry treatment to be the easiest, the handiest, the safest, the cheapest, and the most successful. Within the last month I have procured from Berlin a parcel of moor-moss. The results so far have been eminently satisfactory. From its mechanical properties I prefer it to carbolized wadding, as it does not stick into the wound as much.—*London Med. Press*, Sept. 16th.

Surgical Treatment of Asthmatic Conditions.—Hack, of Freiburg, speaking before the Medical Congress at Wiesbaden, communicated his experience of nearly six hundred cases of asthmatic conditions (*Beilage zum Centralb.*). In all these cases a reflex neurosis could be found, either present or having existed some time previous. The nose was invariably the centre of the reflex irritation. In eighty-one cases in which nasal obstruction alone called for surgical interference, it became evident that, with the increase of chronic hyperplastic rhinitis, all neurotic conditions, especially asthma, in spite of long existence, had disappeared spontaneously. Hack holds that reflex neurosis may originate whenever the nose is the seat of hyperplastic conditions. In cases where the mucous membrane alone is affected, the usual catarrhal treatment with astringents and stimulants ordinarily suffices to suppress the neurosis, while neuroses depending upon hyperplasia of the deeper cavernous structures invariably require surgical attendance—that is, destruction of the cavernous tissues.—*Louv. Med. News*, Sept. 5th.

Suturing the Intestines.—Mr. E. Stanmore Bishop, F.R.C.S., of Manchester, contributes an important paper on "Enterorrhaphy," in which he describes a new form of intestinal suture designed by himself, and most successfully performed on several animals in which portions of intestine had been experimentally excised. The value of the essay is materially added to by the introduction of a plate containing illustrations of all the sutures hitherto employed by various surgeons in uniting the divided intestine. Mr. Bishop, after securing the loop of intestine by means of a special clamp invented by himself, cuts away the portion to be removed with scissors, along with a triangular piece of mesentery, and the mesenteric arteries are ligatured over a flat sponge. The ends are next thoroughly cleaned and approximated, and the mesentery united by a few catgut sutures. Next a fine needle, threaded exactly in the centre of a piece of fine Chinese silk 160 centimetres long, is passed from right to left through the lower edge of both sides of the intestine, as near as possible to the mesentery. The double thread is then drawn through until 6 cms. remain on the right side. One of the threads of the left side is to be cut 6 cms. long; the needle is then passed from left to right through the same fold at a distance of 20 cms. from the first puncture. Two free ends and a loop remain on the left side, two ends free, and two connected with the needle on the right. By gentle drawing upon the loop, one of each of the two last pairs is seen to move; these are then drawn up so as to bury the loop in the mucous membrane on the left side, and are seized and knotted on the right; the two ends are then cut off close to the knot. The free thread left in the first puncture is now drawn under the free extremities of the upper bars of the clamp, so as to be out of the way, and is reserved for the latter part of the operation. The needle is now carried back again from right to left through the base of the fold, and a similar loop it thus formed, this time on the right, and knotted on the left. In this way, as the suture progresses, stitches, consisting each of a single thread tied alternately on the right and left sides, are formed, the threads of each loop passing through the same punctures as those of its neighbors on each side. It is thus impossible that any part of the intestinal circumference shall be unguarded, except the minute openings made by the needle, and filled in by the threads. Extravasation at these points, moreover, will be prevented by swelling of mucous membrane; in addition, the threads are really within the lumen of the intestine, where as well the knots are situated, and thus the objections to previously described sutures are avoided. —*London Med. Press*, Sept. 16th.

Fracture near a Joint.—Dr. Coskeny contributes an article in which he shows that the signs of fracture ordinarily laid down in the books, namely: crepitus, deformity, and mobility are practically useless when the bone is broken near a joint. For

these he proposes to substitute the signs: fixed pain, the site and quantity of hemorrhage, and perfect helplessness of the limb. He says:

"We will take up and describe each of these signs. It often happens, as for instance in fractures of the fibula alone, that we can observe no *deformity*, *crepitus*, or *mobility*, but, if we follow the line of the fibula up, at *one* certain point, the tip of the finger elicits pain. If this is always complained of whenever pressure is made upon this point, I think the diagnosis is plain. The pain is evidently due to the soft parts being irritated by the sharp edges of the fractured surfaces.

"The second of these signs, the *site* and *quantity* of the hemorrhage should be considered thus: my patients fell, striking upon the *outer* side of the limbs and ecchymoses slowly made their appearance on the *inner* side, and then in considerable quantity. Had the bleeding been the result of contusion alone, it not only would have appeared sooner, but at the point injured. As it was from the small and non-contractile vessels of the bone, the bleeding was longer in progress than it would have been in the soft parts, where, very probably a larger vessel would have been ruptured. Again, during this slow bleeding, the blood had time to gravitate to a dependent position, or direction of easiest escape.

"But, in my own opinion, the absolute helplessness of that portion of the limb that contains the broken bone is probably the most important of these signs. The fact that a patient has not made a step after the accident, or raised his hand above his head, is a strong point to start from in attempting a diagnosis. (I am aware that persons are said to have taken a few steps after having met with an impacted intra-capsular fracture of the femur, but this has nothing to do with the point under consideration.)

"There is one mistake that I have several times seen made in diagnosticating fractures of the femur.

"When the patient is told to raise his thigh from the bed he can do so by contracting the hamstring muscles, sliding the heel upon the bed, and thus the lower end of the femur is pushed up by the head of the tibia; but the psoas-magnus and the iliacus do not contract.

"For fractures in the continuity of the long bones these signs are, of course, of no use, but for those in which difficulty of diagnosis so often leads to mistakes in diagnosis, I think the presence of one or more of them should suggest to us the probabilities of a fracture, and should indicate to us the proper plan of treatment."—*N. W. Lancet*, Sept. 1st.

MISCELLANEA.

Medicinal Use of Arsenic.—Arsenic taken internally, in minute doses, acts as a prophylactic against malarious diseases and some epidemics, and is also curative when these diseases are already contracted. In many districts in Italy known to be malarious, the men employed on the railways passing through those parts, porters, platelayers, conductors, firemen, etc., have been kept fever-free by the use of this agent. One of the more morbid processes of these fevers is a too rapid destruction of the tissues; and arsenic would here appear to vindicate its reputation to arrest retrograde tissue-metamorphosis.

In the dyspnœa of "pernicious" anæmia no drug is so generally useful as arsenic, in about five-minim doses of Fowler's solution. In general cachexia, and extreme wasting and debility, its good effects are also frequently manifested, after the failure of iron and other medicines. It is even recommended in Hodgkin's disease, a more definite form of cachexia, and is reported to have cured cases, when combined with its subcutaneous injection into the diseased glands.—*Med. World*, Sept.

Chronic Phthisis—Duffy's Malt Whiskey.—In those cases of chronic phthisis in which stimulants are not contra-indicated, a tablespoonful of whiskey or good rum, added to a tumblerful of buttermilk, and taken early before breakfast, promotes appetite and energy, and soon causes material increase of bodily weight, if the disease be not too far advanced, or the digestive powers too much enfeebled. It does not appear to cause craving for stimulants, but the patients eagerly look for it at the prescribed time.—*Med. World*, Sept.

Infant's Opiate.—As an infant's opiate, try:

℞ Dover's powder . . gr. j.
Sugar of milk . . . gr. cxx.

M.—Ft. pulv. 5. SIG. Give one in milk or cream.

—*Louv. Med. News*, Sept. 12th.

Fellows' Hypophosphites—Uses of.—This syrup is found to be especially beneficial in the anæmia of lactation, rickets, Pott's disease, albuminuria, and fractures.

Poultice for Orchitis or Mastitis.—To poultice orchitis or mastitis, take one pound or more of crushed crackers, soften them with hot water, or, better, steam them till soft, sprinkle with a half drachm to one drachm of powdered opium.—*Louv. Med. News*, Sept. 12th.

Mellin's Food.—The highest award within the gift of the World's Exposition for 1885, held at New Orleans, has been presented, in the form of a gold medal, to the proprietors of this invaluable preparation.

It is truly a life-saving invention, and is entitled to many medals for the many infantile lives it is daily rescuing from marasmoid affections.

Needle of a Hypodermic Syringe Lost in the Body.—It has been proposed to make hypodermic syringes of metal, the needle being in one piece with the rest of the instrument. A case illustrating the danger of a needle becoming loosened has occurred in Russia. While a baby was being operated on with a Pravaz syringe the needle suddenly disappeared into the pleural cavity. The case terminated fatally. —*London Med. Times.*

Extract. Carnis, Fl. Comp. (Colden's).—This is highly recommended as a nutrient in all cases requiring a tonic, and by reason of its easy assimilation is peculiarly available in cases of impoverished blood.

Chlorotic girls are immediately benefited by this beef tonic.—Apply to Crittenton, 115 Fulton St.

Inodorous Iodoform. — The *Lancet* says that, according to M. Gillette, iodoform may be rendered inodorous by adding one part of sulphate of quinine and three parts of charcoal to one hundred parts of iodoform.

Bromides. — Peacock's bromides are especially valuable in the treatment of delirium tremens.

In many of these cases opium, chloral, and other anodynes are contra-indicated, but the bromides are not, and will procure sleep, which is the desideratum.

Dyspepsia — Maltopepsine. — Indigestion, with all its horrors, is rapidly corrected by Tilden's maltopepsine. This is explained in their circular, which every physician should read. The chances are that it will teach him something worth knowing.

Rectal Worms.—If you ever get a case of rectal worms, which nothing else will relieve, try this :

℞	Po. Cape aloes	ʒj.
	Barley water	Oj. M.

Inject half at night and the other half in the morning, after the bowels have been cleansed with a cathartic.—*Louv. Med. News*, Sept. 12th.

Prolapsus Uteri—Dawson's Supporter.—From cases reported there seems no doubt that preference is being given to this style of supporter.

It stands to reason that it is better to transpose the weight of the organ upon elastic bands sustained outside the body, than to shift the pressure upon internal organs, which are injured thereby.

Hirsuties—Galvanism.—The Pocket Battery made by the Smith & Shaw Electric Co. of this city is an extremely neat and valuable article for the general practitioner.

It is powerful enough for almost any emergency, and is especially useful for removing superfluous hairs by electrolysis.

Napelline in Toothache.—Dr. Grognot relates a number of cases in the *Bulletin général de therap.*, in which he administered napelline internally for the relief of odontalgia. In most of the cases the pain was directly traceable to caries, but in some it seemed to be more purely neuralgic in character. The napelline was given in granules of one twelfth of a grain each, repeated every fifteen minutes. In most of the cases reported, the pain had ceased after five or six granules had been taken. The author urges the necessity of using only pure napelline, and advises that not more than twelve doses, or one grain, be given.—*N. Y. Med. Record*, Sept. 19th.

Diphtheritic Patches — Pepsin. — Jensen's pepsin still stands unrivalled as a local application to the throat to dissolve the exudations of diphtheria.

C. L. Jensen, of Philadelphia, will send you full directions.

Thermometers.—Barry's clinical thermometers have all returned to earth safe and sound, after having been elevated to

the clouds last summer by the intensely heated terms.

Mr. Barry is being complimented by having the excellences of his improvements unceremoniously copied.

Dilators.—Molesworth & Co. of this city have adapted their principle to so many conditions and uses, that to enumerate them would largely encroach upon our limited space. So you had better send for their pamphlet.

Operating-Chair.—The conveniences of having an adjustable chair in one's office, for purposes to which the Klein chair, made in Chicago, is adapted, should be and would be appreciated if Mr. Klein's circular were read.

Inebriates' Home.—This institution, at Fort Hamilton, N. Y., commends itself to the profession for the reception and treatment of alcoholism and the opium habit.

Artificial Limbs.—Certainly it is the duty of every physician to make himself familiar with the merits of the Marks Patent Artificial Limbs, so that, if a patient apply, he may be able at once to give proper advice. Mr. Marks, 701 Broadway, will give all the data.

Syphilis — Fucus Marina. — Dr. Roemer, of St. Louis, in a recent paper on the therapeutics of Fucus Marina, recommends its use in *secondary syphilis*. He thinks it will take the place of iodide of potassium, with this desirable advantage—that the stomach and digestive powers are left intact.—*Cin. Lancet and Clinic*, Sept. 19th.

Erythroxylon Coca and Vin Mariani.—The company, at 19 East 16th Street, N. Y., will furnish free, to any address, an essay translated from the French, and giving, among other interesting reading, opinions by such men as Monardes, Acosta, Littre, Robin, Rabuteau, etc.

Every physician should have a copy of this treatise.

Headache—Vitalized Phosphites.—Headache is such a common occurrence, that a patient complaining of it is often dismissed with a dose of cathartic medicine or an emetic, on the supposition that it arises from distended bowels or engorged stomach; whereas a little closer observation by the physician would discover that it was the result of an anæmic condition of the nervous system, for which Vitalized Phosphites is the remedy.

Tetanus in the Horse — Phenic Acid.—A horse attacked with lockjaw after cold was vainly treated with chloral, and was given up in despair. Finally friction over the parts affected with a mild retention of phenic acid was tried, and the animal improved, and was completely cured with four frictions. The absorption of phenic acid is very rapid and prompt.—(*Recueil de Medecine Veterinaire*) *Cin. Lan. and Clin.*

Cholera Infantum—Nestlé's Food.—The French specialists, Drs. Monod and Morpain, have indicated this product as of the most wholesome character, and entirely preventive of diarrhœa and intestinal inflammation.

Atomizing. — The air-pump for this purpose, made by Chas. Beseler, N. Y., is indeed a novelty, and every physician should familiarize himself with the advantages claimed.

A pamphlet will enable you to do so, besides giving an essay on "Oxygen as a Remedial Agent."

Tooth-Pulling.—If pulling teeth is a part of your professional duties, try the following local anæsthetic:

℞	Po. G. camphor	3 j.	
	Sulphuric ether	f. 3 vj.	
	Tr. cannabis indica . . .	f. 3 ij.	M.

Fasten some absorbent cotton to the point of a soft stick, moisten with the anæsthetic, and rub the gums around the tooth to be pulled.—*Louv. Med. News.*

New Haven Invalid's Chair.—A picture of an invalid reclining in one of these wheel-chairs shows him looking so absolutely comfortable as to tempt us to play sick for the sake of such a rest.

Send for the photo.

Surgical, Orthopædic, and Medical Outfit.—John Reynders & Co., N. Y., publish a pamphlet giving nearly 3,000 illustrations of the greatest interest to practitioners.

Toothache.—The aching of a carious tooth may sometimes be instantaneously arrested by filling the cavity, after cleaning and drying it, with a mass made of one part each of dry alcoholic extract of opium, camphor, and balsam of Peru; two parts gum mastic, and twenty parts of chloroform. So says Dr. Ludovici in the *Farmac Italiana.—Med. and Surg. Reporter*, September 19th.

Pine-Needle Extract and Oil. — These remedies are prepared at Sharon, N. Y., and are highly recommended for rheumatism.

Pill Petrolei Comp.—This is recommended in cases where antiseptic remedies are indicated internally. Address Carey & Co., N. Y. City.

Sulphide of Carbon as a Revulsive. —*Nouveaux remèdes* says: Take a piece of cotton of the proper size, sprinkle it lightly with sulphide of carbon, apply it to the skin, and cover it with oiled silk. In fifteen seconds the revulsive action will be observed, as shown by brisk burning. If the application is continued for more than thirty seconds, the pain becomes intolerable.—*N. Y. Med. Jour.*, Sept. 19th.

Adjustable Chairs.—For reading and riding. The Stevens' Co., Pittsburgh, Pa., claim to have chairs superior to all others. They offer to send a catalogue. It may be of mutual advantage if you accept their offer by sending your address.

Woman's Medical College of the N. Y. Infirmary.—For catalogue address the "Dean" at 128 Second Ave.

The Balsam of Fir as a Dressing for Lacerated Wounds.—Dr. A. Livezy gives the following directions in the *Medical Summary:* Take a teaspoonful of the same, spread it on linen and wrap it round the lacerated part; nature will do the rest.

The torn edges must be placed in apposition, and the wound washed in water (warm) and impregnated with a tablespoonful of Listerine, or some other antiseptic wash, say, O j. to 3 iv. of Listerine. He thinks that this dressing is worthy of a trial.

The attention of our readers is called to the advertisement of the Jenner Vaccine Farm Co., who have gained an enviable reputation as producers of the most reliable vaccine.

Coca Preparations.—Cassebeer, the pharmacist, continues to pride himself on making the best coca and calisaya preparations to be found, and is prepared with unsurpassed facilities to supply the profession outside the city.

Pallas Syringe.—The manufacturers of this article at 2207 Fairmount Ave., Phila., will send an illustrated circular of this novelty.

Impotence—Celerina.—Loss of nerve power from overwork is common among lawyers, brokers, and ministers. Celerina is indicated. Address Rio Chemical Co., St. Louis, Mo.

Cod-Liver Oil Tonic.—When you prescribe cod-liver oil, better order Scott's Emulsion, for then you will give your patient not only a pure oil but a combination holding the hypophosphites of lime and soda in intimate mixture.

Dose of Codeine.—Schneider contends that the usual doses of codeine and its salts are quite ineffectual. In about thirty cases he has used it in doses ranging from a grain and a half to three grains, with the result of producing sleep for four or five hours or for the entire night, and without any unpleasant effects, except vomiting in one instance. He regards the drug as a great boon for victims of the morphine habit while they are under treatment, acting as a substitute and a palliative. In such cases he gives a grain and a half every three hours.—*N. Y. Med. Jour.*, Sept. 5th.

Nutrient Tonic—Phosphopeptine. —This is an elixir combining phosphates, Pepsin, and pancreatin. Its combination suggests to the practitioner the cases in which it will be of advantage to employ it. In prescribing, order the "Higgins Elixir phosphopeptine."

Chlorine Battery.—Mr. Fitch, the inventor of this instrument, claims that it embodies all the excellences possible in one machine, being clean, durable, free from corrosive fumes, requires little care, quickly got ready for action, and is not expensive.

For galvanic purposes these points would seem to fill the bill.

Address P. O. Box 75, Cazenovia, N. Y.

Arrest of Digestion—Lactopeptine. —We lately had a case in which, from wrong and apprehension, the nervous system of the patient became so debilitated and perverted that the functions of the digestive organs were arrested, and food, remaining undigested, gave rise to great distress. Lactopeptine soon gave relief.

Luminous Signs.—It is noticeable that comparatively few burglaries are reported nowadays. Reason: so many luminous signs lighting up ways hitherto dark.

Yorkville Road Cart.—This Illinois vehicle, after many months' use by the physicians in that part of the continent, is pronounced perfect. That 's near enough.

Living Waters.—The use of the Waukesha Glen Mineral Water in affections of the kidney and bladder is becoming more and more recognized as the proper treatment.

Consult Mr. Bryant at this famous Western watering place.

Mineral Waters.—Sherer & Co., New York City, are the largest importers of European Natural Mineral Waters, and call attention to the profession to the advantages they offer.

They also deal in American waters, and import the finest foreign wines.

Epithelioma — Electrolysis. — We witnessed at Mt. Sinai Hosyital, lately, the removal of an epithelioma of the tongue, by Prof. Wyeth.

He first ligated the lingual artery on the affected side, and then cut out the cancerous mass by the electrolytic loop.

Mr. Waite, of the firm of Waite & Bartlett, supervised the electrolytic appliances.

Improved Solution of Osmic Acid for Injection.—Osmic acid is very expensive, and if dissolved in water alone, the solution changes color after three or four days, and shortly afterwards becomes unfit for use. A Russian physician, Dr. Schapiro, (*St. Petersburger Med. Wochenschrift*) finds that if glycerine—which, by the way, must be chemically pure—is added to the solution, it will keep for some weeks. He advises the proportions osmic acid 1, distilled water 60, glycerine 40. He has injected this under the skin of the face without any untoward result. His treatment of neuralgia of the fifth nerve by means of injections of osmic acid has been very successful, five out of eight cases of long standing, which had resisted other modes of treatment, having been completely cured, while two were relieved. Only one case was unrelieved, and here some central disease of the nervous system was believed to exist.—*London Med. Times*, Sept. 19th.

Uterine Displacements. — Hastings and Garson, Phila., offer a full line of instruments for the correction of retroversion, prolapsus, and anteversion.

A look at their illustrated circular explains the *modus operandi*.

Corsets for the Parturient.—The Mme. La Chapelle styles, as illustrated, would seem adapted to afford relief from the dragging sensations occasioned by pregnancy.

Send for illustrated circular.

Homœpathic Med. College of New York, publishes its announcement in this number.

Mineral Earth.—This is gaining popularity in the treatment of ulcers, erysipelas, skin diseases, wounds, scalds, burns, frostbites, vaginitis, ulcerated lesions of syphilis, and fungus of the breast and other conditions, and its virtues are claimed by the National Pharmacal Ass'n, of Baltimore, to be attested by the letters and endorsements of many physicians.

Beef Peptonoids.—This concentrated food contains 98 per cent. of nutritious matter, and is claimed to be the only preparation, rich in nitrogenous matter, that is *pleasant to take.*

This is an exceedingly important point, as everybody knows how excessively bitter and unpleasant to the taste many of our most powerful tonics are. If Mr. Carnrick has really struck this, he has a "bonanza"—which is classic for "big thing."

BOOK NOTICES.

Milk Analysis and Infant Feeding.—A practical treatise on the examination of human and cows' milk, cream, condensed milk, etc., and directions as to the diet of young infants. By Arthur V. Meigs, M.D., Physician to the Pennsylvania Hospital and to the Children's Hospital; Fellow of the College of Physicians of Philadelphia, etc. Philadelphia: P. Blakiston, Son, & Co., 1885,

The question of Infant Feeding is an important one, and one which has been agitated considerably during the past few years. This last additiont o our literature on the subject will find a welcome place. Dr. Meigs, the author, of this little volume, gives us interesting and useful facts concerning the results of his careful experiments in the analysis of human milk; results which differ considerably in some important points from those of former investigators. It would be well were his advice on artificial feeding (Chap. VI.) more widely known and followed, as the deplorable consequences of ignorance on this very important subject, are familiar to every physician.

THE
MEDICAL ANALECTIC
A
MONTHLY EPITOME OF PROGRESS IN ALL DIVISIONS OF MEDICO-CHIRURGICAL PRACTICE

EDITED BY
WALTER S. WELLS, M.D.

VOL. II. No. 11. November, 1885. WHOLE No. 23.

ZYMOTIC.

Stimulation of the Vagus in the Treatment of Cholera.—So much success has apparently attended the mode of treatment recommended by Dr. Alexander Harkin that no apology is needed for reminding our readers of it. The paper in which he discusses the subject at length will be found in the *Dublin Journal of Medical Science* for last June, and it has been republished (Renshaw) both in this country and in France. (See ANALECTIC, Oct., 1884). The treatment is in itself remarkably simple—viz., the application of blistering fluid behind the right ear, with the idea of stimulating the vagus nerve so as to inhibit the action of the sympathetic on the abdomen. For from a consideration of the phenomena of cholera, Dr. Harkin arrives at the conclusion, which was foreshadowed half a century ago by Dr. Henry MacCormac, that in the inordinate action of the sympathetic we have an explanation of the violent purging, cramps, and other characteristic symptoms; and he argues from known physiological effects of the relations between the vagus and the sympathetic to the trial of the remedial measure above stated. Certainly the cases cited by him are striking instances of the rapidity and efficiency of his plan in severe choleraic diarrhœa, and it is incumbent upon those who have to deal with the graver malady to prove the value of Dr. Harkin's recommendations. If by so simple a means he has really discovered a remedy which will diminish the high rate of mortality in cholera, he will have rendered a great service to medicine and to humanity at large. But we have so often witnessed the introduction of new measures, and have seen them followed by such disappointing results, that we dare not be sanguine as to the issue of this. Formerly, in the diarrhœal stage, Dr. Harkin says he employed the routine plan of absolute rest, warmth, counter-irritation to the abdomen, liquid diet, and the administration of sulphuric acid and opium. Now, when at liberty to do so, he discards all internal remedies, and merely applies "some epispastic fluid with a camel's-hair pencil, commencing behind the ear, and extending in the course of the pneumogastric nerves, as far as the angle of the lower jaw. The result is that the purging at once ceases, the patient often falls asleep and awakes cured, long before the vesication takes full effect." So also in the second and algid stages, the same good result is experienced. It is almost too good to be true.—*London Lancet*, Oct. 3d.

Galvanism in Asiatic Cholera.—Professor Peter, in a speech at the Paris Academy of Medicine a few days ago, referred to the theory that cholera was a nervous disease, and quoted the opinion of Chapman, of London, to that effect (as taught by M. Jules Guérin fifty years ago). By quieting the spasm of the blood-vessels and reducing spinal congestion, the animal heat is revived and the muscular cramp arrested. By its influence the current modifies the innervation of the great splanchnic nerves, as does the ice-bag; hence the epigastric symptoms are relieved and the prominent vomiting is controlled, as happens under galvanism in non-choleraic cases. It is probable that galvanism may supplant the ice-bag in the hands of experts, but further trial is of course necessary to establish its actual value.—*Phila. Medical Times*, Oct. 31st.

Spanish Treatment of Cholera.—The principal physician in charge of the Cholera Hospital at Barcelona assured the *Times* correspondent that he was able to save ninety-five per cent. of the cases

brought under treatment before the algid period, but hardly thirty per cent. after it had fully developed. Most of the patients brought to the hospital were in a very dangerous condition; and of the deaths that occurred seventy-five per cent. had taken place within twenty-four hours of the arrival of the patient. With respect to the treatment, he found that, to produce the reaction, friction with rags steeped in ice-water, followed by subcutaneous injections of ether, was most effective. To stop the diarrhœa doses of tannin and enemas of dilute perchloride of iron were useful; but most successful of all was the hypodermic administration of laudanum, which was thus retained in the system and checked the vomiting. To maintain the purity of the air, ozone was discharged in the dormitories, and all dejections instantaneously disinfected.

The treatment which has been most successful in the recent outbreak in Italy, has been large doses of laudanum given *coup sur coup* at the very first attack of diarrhœa, however slight.—*Phila. Med. News*, Oct. 24th.

Indian Treatment of Cholera.—Dr. R. Pringle, who has had thirty years' experience in India, told the British Medical Association that he did not believe in the alcoholic-stimulant, nor the opium treatment of cholera. Along with careful nursing (to be pursued even through the stage of collapse) he uses:

℞ Ammonii carb. . . . gr. x.
Æth. sulphuric. . . . gtt. xx.
Æth. nitric. . . . . gtt. xxx.
Mist. camphoræ . . . f. ℥ j. M.
S.—For an adult, f. ℥ ss. to f. ℥ j.

He also resorts to hot frictions and sinapisms to restore the capillary circulation, and rejects *iced* drinks, using water at the temperature of the air to allay thirst.—*Med. and Surg. Rep.*, Oct. 10th.

Collodion Treatment of Cholera.—M. Bouley, at a recent meeting of the Académie des Sciences, presented a memoir by M. Arsène Drouhet, of Paris, on the treatment of cholera. He recommends painting the abdomen over with collodion. M. Marius Partrité, who practises in the War Department, appends a few pages to M. Drouhet's pamphlet. Last year he treated a great many cholera patients, and affirms that he effected some unexpected cures with M. Drouhet's remedy.—*N. Y. Med. Record*, Oct. 24th.

Etherization of the Rectum in Cholera.—Rectal etherization has been practised in the Hospital in Granada in fifteen cases of cholera, with the idea of killing the comma-bacilli by surrounding them with an atmosphere of ether. Two of these cases were cured within twenty-four hours, one died, while the remaining twelve improved rapidly.—*London Med. Times.*

Peroxide of Hydrogen in Diphtheria.—Dr. F. Vogelsang has had excellent results from the treatment of diphtheria with peroxide of hydrogen. He gave it to two children who had a severe attack with albuminuria and a high temperature, and found that the false membrane had all disappeared during one night, and the cure was complete in a few days. The abdomen was washed with cold vinegar and water, and cold water poured over the head and neck, a little brandy being given internally, and a teaspoonful every hour of a mixture containing seven ounces and a half of the two-per-cent. solution of peroxide of hydrogen, with forty-five minims of glycerine. The peroxide is not poisonous. Its taste is somewhat sharp, and is well corrected by glycerine.—*London Lancet*, Oct. 17th.

Gangrene and Arteritis in Typhoid Fever.—Typhoid fever is liable to many complications, the pathology of most of which is but ill understood. M. Bernheim has observed in the course of one year four cases of gangrene. He believes that gangrene may occur in external and internal parts of the body. Noma and gangrene of the diaphragm are given as examples. In his experience noma has not been influenced by antiseptic treatment. It is asserted that gangrene, presumably limited, of the viscera may occur without the production of recognizable symptoms — latent visceral gangrene. Such a proposition is by no means absurd. We have in medicine to do with a great many affections that are latent. There is another statement for which M. Bernheim is responsible: Arteritis leading to painful gangrene may exist without tenderness or obvious swelling of the affected vessel. He has apparently observed cases in which the middle coat of the artery has been remarkably vascular. The paper is full of interest, but the brevity of the report (*La France médicale*, September

19th) precludes further information.—*London Lancet*, Oct. 3d.

Foot-Pain in Convalescence after Typhoid.—G. F. T. writes: I have under my care at present a case of typhoid fever. The patient is now convalescent, but a most unusual and distressing complication has set in. He has suffered for the past week from à *most severe* and *constant* pain on the dorsal surface of both feet. The *slightest* touch cannot be borne. I have tried local applications of ext. belladonna and glycerine, liniment of aconite and belladonna, etc., etc., but these remedies afford no relief. There is no œdema, nor any alteration whatever in the appearance of feet. Opiates give relief at night. The patient had hitherto been a healthy country lad, and had never had any other illness. Can you kindly advise me?

[Gently smear the following ointment: ℞ Extract. aconiti et glycerini, āā dr. i.; ung. hydrarg. ad oz. i. Fiat unguentum. Having smeared this ointment thickly on, wrap the feet up in a large poultice of very hot bran. Preserve perfect rest in the horizontal posture. A few days of this treatment will complete the cure. Should the pain in the meantime become intolerable, try hypodermic morphia.—ED.]—*London Med. Press*, Oct. 7th.

Ox-Gall in Typhoid Fever.—Dr. George G. Van Schaick makes a plea for the use of ox-gall in the treatment of typhoid fever. It is given in doses of ʒ ij. to ʒ iij. daily. Under its use he believes that the fever is reduced, and the symptoms ameliorated. Three cases are given in the *Bulletin of the Clinical Society of the Post-Graduate Medical School*, in illustration, one of which seems to have some value. Ox-gall has been used by other physicians in this city as an antipyretic, and in cases of deficient biliary secretion, with, it is claimed, good results.—*Med. Record.*

Liquor Sodæ Chloratæ in the Treatment of Typhoid Fever.—Dr. Pearson, of Cape Colony, believes that the duration of every case of typhoid fever may be shortened if it is taken in time. He gives notes of three cases in which he produced good effects with Labarraque's solution. To a lad fourteen years old he gave seven minims and a half every three hours, and to a girl of the same age teaspoonful doses of a mixture of a drachm and a half of the solution and six ounces of water.—*London Lancet.*

Strychnia in Malarial Fevers.—Dr. D. Calvin, Clyde, N. Y. writes:

In a communication to your journal of August 22d, from Dr. Reynolds, of Proctorville, O., I find that he considers the use of strychnia in malarial fevers as something new. Now, I supposed it was old, as when I was a young practitioner, more than thirty years ago, a dear old physician of my county always used it, and made his own pills.

Up to the time when that class of fevers was supplanted, if I may use the term, by typhoid fever, cancer, and pneumonia, I used the following formula, almost invariably, with very satisfactory results:

℞	Strychnia sulphas	gr. ss.
	Ext. quassia	grs. xx.

Mix.—Make mass and divide into ten pills. Take one before each meal.

In an anæmic condition, as one of the sequelæ of frequent chills and fever, and immediately after their arrest, I used, with great satisfaction, the following:

℞	Strychnia	grs. ij.
	Ferri sulph.	gr. l.,
	Arsenious acid	grs. iss.
	Ext. quassia	grs. c.

Mix.—Make mass and divide into fifty pills. Take one half an hour after each meal.

The latter is the best formula I have ever known in what is *termed*, by some, chronic malaria.—*Med. and Surg. Rep.*, Oct. 24th.

Malaria—Recipes.—Take of—

Quinia sulph.	1 drachm.
Ferri citras	1 scruple.
Ext. taraxicum	½ drachm.

M. Ft. capsules X.

SIG.—One every six hours.—(DR. J. J. GARVER.)

Take of—

Quinia sulph.	1 drachm.
Capsicum, pulv.	1 scruple.
Arsenious acid	¼ grain.

M. Ft. capsules X.

SIG.—One every six hours. (DR. G. W. COMBS.)

—*Indiana Pharm.*

Lantanine as a Febrifuge.—This alkaloid, extracted by Negrete from the verbenaceous plant *Lantana brasiliensis*, is recommended by Dr. E. Buiza, of Lima, (*Cambio farmaceut.; Courrier méd.*), as a substitute for quinine. It retards the circulation and lowers the temperature, and is tolerated by the most delicate stomachs.

Intermittents that have proved rebellious to quinine have yielded to thirty grains of lantanine. As an antipyretic, it is given in doses of a grain and a half, from ten to twenty of which are administered in twenty-four hours. For intermittent fever, it should be given immediatly after a paroxysm, and in ninety-five cases in a hundred the next paroxysm will not appear.—*N. Y. Med. Jour.*, Oct. 23d.

Chloral and Ammonium Bromide in Febrile Delirium.—These two agents are of great service in treatment of the delirium incidental to typhoid and eruptive fevers. The delirium frequently yields to fifteen or twenty grains of bromide of ammonium in divided doses during the day, with small doses of chloral at night.—(Dr. G. H. Hughes.) *Western Med. Reporter.*

NEUROTIC.

Electricity in General Practice.—Dr. Hughes Bennett has called attention, lately, to the need of greater study, in a scientific manner, of the numerous uses to which either current may be put in therapeutics. In diseases where functional activity is diminished, the stimulating power of both currents is largely indicated. The obscurity attending many classes of nervous affections, such as atrophy, anæsthesia, paralysis, sclerosis, etc., is no bar to the employment of electricity in an empirical manner, for the inhibited conduction and abnormal nutrition changes are favorably influenced thereby, and the catalytic effect of the galvanic current particularly is valuable in influencing the trophic elements of the tissues and facilitating absorption of morbid products. The sedative and alterative effect is also valuable in excited functional conditions for the relief of pain or spasm. The value of electricity is not simply a transient matter at the time of application, but its results are frequently permanent, hence its uses are far-reaching. —*N. Y. Med. Times*, Oct.

Successful Neuroraphy.—Dr. di Fede reported to the Royal Medical Academy of Rome (May 24th last) the case of a lieutenant in a cavalry regiment, who had paralysis of the right forearm, in consequence of a sword wound received in a duel. The cutaneous sensibility on the outer part of the wasted forearm was much impaired; so it was on the dorsum of the hand and of the first three fingers; and there was complete loss of power in the hand. Two months and a half after the injury, Dr. di Fede cut down upon the divided radial nerve, revivified the extremities, and united them with two fine catgut sutures. Sensibility returned the fourth day, but mobility only a month after the operation. Under the alternate use of the induced and constant current the limb regained shape and power, so that the patient could write and do sword exercises with the injured limb. With the closed fist, extension and supination were perfect; but the movements of extension of the fingers and abduction of the thumb were not so complete. The patient was presented to the Academy, and the case is said to be the first of nerve suture practised in Italy.—*London Lancet*, Oct. 10th.

Progressive Locomotor Hemiataxia.—Neurologists are acquainted with cases of locomotor ataxy that have symptoms only on one side of the body. Apparently such cases are not of frequent occurrence, but we certainly require more definite information on the earlier stages of tabes dorsalis before a positive opinion can be pronounced on this question. M. Bertoye has placed on record a case of the kind (*Lyon médical*, Sept. 20th). The patient was a man, aged forty-eight, a weaver by occupation. The previous history gave no evidence of venereal excesses, syphilis, alcoholism, saturnism, or rheumatism. When twenty-eight years old, "lightning" pains were first experienced. Five years ago, almost suddenly, he was attacked with plantar anæsthesia and incoördination of movements of the right leg, which had alone been the seat of pain. A little later the right arm was affected. There was no loss of power and no muscular atrophy. The incoördination was evidently due to the want of proper guiding sensations; for with the eyes shut the patient was unaware of the position of his right hand and foot. From a consideration of the literature of tabes dorsalis, and from his own experience, M. Bertoye draws the following conclusions: (1) Progressive locomotor ataxy is often produced as the result of muscular, genital, and other forms of *fatigue*. (2) When this is the mode of production, the disease has a special tendency to affect the overworked part or parts. A corollary is

drawn to the effect that certain occupations entailing exaggerated employment of certain functions may determine tabes dorsalis with localization of symptoms in the overworked organ. Lastly, it is argued that if the occupation demands simultaneous overaction of an arm and leg on the same side of the body, the tabes will assume the hemiataxic type. The condition of the knee-jerk is of great importance in cases of genuine hemiataxia, for it disappears on the diseased side and is retained on the sound side.—*London Lancet*, Oct. 3d.

Opisthoporia. — This rare disease (ὄ πισθε, backwards; πορεία, a going) has just been described more fully than heretofore by Dr. Mazzotti in his "Clinical and Necroscopic History of a Man who Presented the Phenomenon of Going Backwards." The man in question was sixty-six years of age, and for a year before he entered hospital was subject to giddiness. He was a hard drinker, and became so, as he said, because he "suffered from scorbutus." He got rid of his scorbutic affection, but shortly afterwards he found that instead of going forwards when he tried to walk he went backwards. On putting his feet to the ground he swayed somewhat from side to side, stretched his legs apart like one afraid of losing his balance and falling, and when exhorted to walk he moved, with great effort, stepping backwards. He was for five months in hospital, during which time he was often made to test his walking powers, but always with the result above stated. He ultimately died of ulcerous colitis, and on post-mortem examination the intracranial nerve-centres presented no other appearances than a slight degree of leptomeningitis and a highly atheromatous condition of the arteries at the base. Dr. Mazzotti's conclusion is that the phenomena presented by his patient during life were due to a simple disturbance of the endocerebral circle (*un semplice disturbo di circolo endocerebrale*), and he agrees with Nothnagel, that "to the clinical phenomenon of going backwards in walking no value can be attached as diagnostic of a localized cerebral lesion."—*London Lancet*, Sept. 26th.

Numbness of the Extremities.— Dr. Robert Saundby, London, writes: "I allude to a peculiar numbness aud tingling. very similar to that produced by pressure on a nerve, occurring sometimes in one, sometimes in both, upper extremities; at other times it is present in both upper or lower extremities, or in the upper and lower extremity of one side of the body. This sensation of numbness and tingling is more or less painful; it is accompanied by transient loss of power; is relieved by rubbing; occurs distinctly in paroxysms; is most apt to occur at night, when it frequently disturbs sleep; is sometimes said to be accompanied by blueness and coldness of the hand and narrowing of the calibre of the radial artery. In its minor forms it is more common in women, but the most severe cases I have seen have been in men; it occurs with about equal frequency in either arm; it is less frequently bilateral; while the paraplegic and hemiplegic forms have come under my notice still less commonly. Most of my patients have been persons past middle life, and I have never met with it in any one under twenty-five years of age. It is, in my experience, distinctly connected with disordered stomach, and readily yields to treatment directed to this disorder."—*Med. and Surg. Rep.*, Oct. 17th.

Pseudo-Hydrophobia. — A correspondent writes: A few days before last New Year's Day, my son, had a handsome young dog. A servant-boy had two cocks' heads with all the feathers, projecting out of a jug of water. I asked him what he was going to do with them. He replied that he would give them to the dog, feathers and all. I requested him, very earnestly, to strip off all the feathers very carefully, but he thought he knew better than me; and when I had returned into the parlor, he gave the heads, feathers and all, to the unfortunate animal. Next day, December 28th, the dog did not know his master, ran away from him into the shubbery; he called a man out of the garden, and asked him what he thought was the matter, and he very soon replied that the dog was mad.

To prevent any further mischief he had the dog killed. I opened the stomach; it was full of pure bile, with a lump of feathers, as large as my hand, in it, so that it could not eat or drink. As this illustrates an origin of certain cases of so-called hydrophobia, it is worth your notice.—*Brit. Med. Jour.*, Oct. 3d.

Unilateral Pruritus in Hemiplegia. —Professor Köbner, in a recent clinical lecture in Berlin, mentioned the case of a

man of thirty-six with left hemiplegia, due to an embolism, following rheumatic cardiac disease, who complained of violent itching, both by day and by night, of the whole of the left or paralyzed half of the body. No objective signs were to be seen, but the skin of the affected side did not perspire, and the temperature was lower than that of the sound side. This was the only case the professor had seen of pruritus due to a pure neurosis uncomplicated by skin disease, diabetes, Bright's disease, etc. The treatment consisted in applying an ointment of equal parts of chloral hydrate and camphor rubbed up together and mixed with vaseline in the proportion of one of the mixture to five of vaseline. This answered well.—*London Med. Times*, Oct. 24th.

Salicylate of Sodium in Migraine.—Dr. Cutierrez tried this drug against migraine on his own person, and was surprised to find himself immediately relieved from pain. He has given the remedy since to a large number of patients suffering with migraine, and found that the drug, with very few exceptions, acted very satisfactorily. He orders, usually, two doses of 20 grains, to be taken within a quarter of an hour. If the medicine has to be used for a long time against cephalalgia, slight additions of opium or morphine are desirable, not only as adjuvants, but also to correct the depressing effect of salicylate of sodium on the genital system.—(*Wien. med. Bl.*) *Therap. Gaz.*, Oct.

Strychnine in Nervous Disease.—Dr. Landon Carter Gray, of Brooklyn, reports five cases which show that strychnine was not well borne in two cases of severe acute myelitis, or in two cases of subacute poliomyelitis; that doses of $\frac{1}{30}$ of a grain, continued for four days, three months after the onset of traverse myelitis with early extension to the lateral columns, suddenly induced alarming symptoms of poisoning; that one patient with chronic general myelitis of traumatic origin was greatly benefited, as was likewise one with general myelitis in which the onset had been gradual; that in five cases of progressive muscular atrophy it acted remarkably as a stimulant; and that, as Dr. Weir Mitchell has indicated, it was decidedly beneficial to persons with neurasthenia who, after eight or ten weeks' treatment with rest and forced feeding, were taken out of bed, although it failed to agree with three subjects of the same affection treated in the ordinary way.—*N. Y. Med. Jour.*, Oct. 24th.

Pilocarpine in Alcoholic Insomnia.—Pilocarpine is one of the few drugs that have recently been added to our pharmacopœia that have been able to hold their own. One of its latest recommendations is in the insomnia of alcoholism. Dr. A. B. Isham tells us that after the sleep the patient arouses perfectly rational and subdued. A great change is wrought in the personal appearanee. The tense, red, bloated countenance, the bleared, congested eyes, and general repulsive facial aspect pass away. It seems to lower the cerebral blood pressure, to eliminate the alcohol, and to increase the absorption of oxygen. After a debauch its effects are wonderful. The dose will be $\frac{1}{8}$ of a grain of muriate of pilocarpine.—*Med. and Surg. Rep.*, Oct. 24th.

Treatment of Hiccough by Compression of the Phrenic and Pneumogastric Nerves.—To properly perform this operation, Dr. Grognot advises us (*Bull. gén. de. thérap.*) to use the thumb and index finger, one on either side symmetrically, applying pressure sufficiently strong to cause the spasm to disappear. One or two minutes, as a rule, sometimes less, are sufficient; meanwhile the patient's head must be kept immovable. Four or five centimetres of the inferior clavicular portion of the sterno-cleido-mastoid muscle lie directly over these nerves, and it is here that the pressure is to be made.—*Med. and Surg. Rep.*, Oct. 10th.

Paralysis of Vaso-Motor.—A case of vaso-motor paralysis, with the following history, was shown by Prof. Da Costa: Girl, æt. fourteen; a seamstress by occupation. Her hands are purple, but this color disappears on pressure. This appearance was first seen three years ago. Her hands and feet perspire very freely. Marked swelling of the hands is present. No heart lesion. She is costive. The cause of the disorder lies in the fact that the nervous supply of the capillaries is cut off, so the vessels dilate. She has not yet menstruated.

She was given aloin, gr. $\frac{1}{10}$, every night; also, f. 3 ss. of fluid extract of ergot, twice daily. This latter will contract the capilla-

ries, and aid in bringing on normal functions.—*Col. and Clin. Record*, Oct.

Paralysis Agitans. — For a case of paralysis agitans which recently appeared before the Jefferson College Hospital Clinic, Professor Bartholow directed—

℞ Ammonii carb. . . . . gr. xl.
Liquor ammonii acetatis . . ʒ iv.
M. Sig.—One tablespoonful every four hours.

He also directed the patient to take a teaspoonful of cod-liver oil and a teaspoonful of the syrup of the lacto-phosphate of calcium, separately, after each meal.—*Med. Bulletin.*

Locomotor Ataxia.—In a case of locomotor ataxia, where the patient had been pretty thoroughly saturated with silver, Prof. Da Costa, to tone up the system, gave :

℞ Syrup. hypophosphit . . f. ʒ j.
Strychninæ . . . . . gr. 1-60
M. Sig.—Ter die.

—*Med. World.*

Sea-Sickness.—"The vessel's motion causes changing intracranial blood-pressure. When the vessel sinks, hyperanæmia of the brain is produced ; and in rising, anæmia occurs. Nausea and vomiting follow any sudden diminution in the amount of blood within the cranium. The secretion of the kidneys is reduced. The headache and apathy may be really a mild form of uræmia.—(*Allg. Wiener med. Zeitung*) *Eastern Med. Jour.*, Oct.

Craving for Stimulants.—To counteract the craving for stimulants, when they are withdrawn, and to sustain the nervous system, the following combination is effective (Bartholow) :

℞ Tinct. capsici . . . . f. ʒ vj.
Tinct. nucis vomicæ . f. ʒ ij. M.
Sig.—Twenty drops, in water, every four hours.

—*Col. and Clin. Record*, Oct.

Papine.—Dr. W. W. Styles, of Essex Centre, Vt., says : I used papine in one case where any other form of opium would keep the patient awake, and it, combined with chloral per rectum, produced a refreshing sleep. I find also the irritable stomach can tolerate it when I combine it with carbolic acid.—*Louv. Med. News.*

Acute Shock of Syncope.—

℞ Ammon. carbonatis . . . gr. x.
Spt. chloroformi . . . . ʒ ss.
Aquæ . . . . . ʒ j.
M. Sig.—At a draught.

—(Fothergill) *Med World*, Oct.

RESPIRATORY.

Restoration of Respiration after its Cessation under Chloroform-Narcosis.—Dr. R. Milne Murray was led to a trial of a new method of production of artificial respiration from the observance of the large quantity of vapor of chloroform which was present in the air expelled from the chest at each recoil of the lungs in the ordinary methods of producing artificial respiration. The indications were therefore naturally to devise some method by which this vapor might be gotten rid of as rapidly as possible, for it is obvious that the saturation of the air in the lung-cells with chloroform must be a serious bar to the establishment of respiration, since experience has shown that the heart almost invariably continues to act after respiration has come to a standstill, and in those cases in which the heart has stopped, it commences before the first resumption of spontaneous respiratory movements. Accordingly, the increase of tension in the lungs following the first forcible inflation must inevitably result in the diffusion of another dose of the fatal vapor into the blood, which sweeps it on to the nerve-centres, and the beginning of the renewed action is thus extinguished. Dr. Murray accordingly made an experiment while attempting resuscitation from chloroform-narcosis by sucking air out of the lung by a tube inserted into the trachea, and simply allowing the lung to fill with air by its own recoil. This process was aided by compressing the chest-wall gently while sucking the air out. Dr. Murray found that by this method respiration might be restored a number of times after its arrest by chloroform ; he, therefore, recommends that in cases where the respiration has been arrested by chloroform when the heart continues beating after respiration has ceased, and where the removal of the vapor from the face, the drawing forward of the chin, and the compression of the chest have failed to restore breathing, that this method, which he terms "perflation," should be tried without delay. This might be accomplished in the human subject by means of a large gum-elastic catheter or rubber tube, provided with a conical collar to make it fit tightly into the glottis, and prevent it slipping too far in. This tube is slipped over the tongue and into the glottis, the collar pressed down into the chink of the glottis, the mouth is

applied to the tube, and several deep inspirations made; the mouth is then withdrawn from the tube after each inspiration, in order to let the lungs of the patient fill with pure air by the recoil. When this has been repeated several times, the tube might then be slightly withdrawn, so as to separate the collar from the glottis, and the process of "perflation" commenced by making deep and forcible inspirations. Air will rush into the trachea by the side of the tube, and a current will be established which will tend to carry the air into the lung and sweep out the vapor. So long as any distinct odor of chloroform accompanies the air withdrawn, the process should be continued, provided the natural respiration does not return. When all indications of the presence of the vapor in the lungs have disappeared, then the inflation of the lung may be commenced either by forcing air in through the tube or by Marshall Hall's or Sylvester's method. The advantage which this method seems to possess is an avoidance of any increase in the tension in the air-cells as long as chloroform is present, while providing a quick and efficient means of sweeping the vapor out of the lungs.—*Therap. Gaz.*, Oct.

Pulmonary Consumption — Prof. Da Costa's Treatment.—*Hygienic.*—Out-door exercise, good food, warm clothing. Climate of paramount importance. The best climate, by far, is that found in Egypt; Algeria is a good place. In this country, New Mexico, Southern California, South Carolina, Thomasville in Georgia, Florida. Colorado, for some cases, is an excellent climate. Cases having a co-existing bronchitis do better in a damp and mild climate, as Florida. etc. The element of change is very useful. The Adirondacks is a fine place for those early cases in which there is no tendency to hemorrhage. Prof. Da Costa does not care much for the "milk diet," but allows it in conjunction with other things. Give plenty of meats, and alcohol in moderation, especially in those cases free from fever. Mix it with ol. morrhuæ, to lessen the tendency to its abuse. Whiskey and brandy are the best stimulants here. You need not interdict smoking.

Medicines.—Ol. morrhuæ is of great utility by improving nutrition and also by affecting the tubercle. Do not use its substitutes, as glycerine, etc. Give f. ℥ ss., ter die, one hour after meals. To disguise it, and to promote its ready absorption, give ♏x.–xv. ether, but this sometimes causes belching. Mix it with equal amount of malt or whiskey. When the appetite fails stop its use for a while. Do not permit the oil to be taken in hot weather.

Next in importance is arsenic in small doses in the early stages; arsenious acid, gr. $\frac{1}{60}$ or gtt. iij. Fowler's solution, ter die. In the late stages it will be of no avail.

A third remedy is iodine; it should be more generally used; liq. iodi comp. gtt. i.-iij., ter die, with potassium iodide to alternate with it. When anæmia is present, *and not much fever*, use iodide of iron. It is very valuable. Push it up to the point of tolerance. Begin with gtt. xv. of the official syrup, and push up to f. ℥ j. ter die.

Prof. Da Costa does not like the hypophosphites. They have no special effect, as ol. morrhuæ and arsenic. Inhalations of sodium benzoate are of no use. Carbolic acid and tar by inhalation are of some avail.

Treatment of Special Symptoms. — Entirely too much is done for the symptoms. For cough we should give no expectorant unless bronchitis exists. Since the cough is generally an irritative one, morphia must, in time, be given. Codeia, gr. $\frac{1}{8}$–$\frac{1}{4}$, in simple elixir, often has a wonderful effect and does not constipate. Prussic acid or fluid extract of wild cherry is very useful at times. We may combine the acid with morphia. Inhalations of oil of eucalyptus give relief.

Night-Sweats.—Give atropia, gr. $\frac{1}{80}$ at bedtime. Sponge off the body with hot water to constringe the vessels. Infusion of sage at night. Mineral acids, especially sulphuric acid. Zinc oxide, gr. ij., ter die. Ergotin or fluid extract of ergot is better than morphia in some respects. It is more permanent and does not cause dryness. Give ergotin, gr. ij., ter die, the last dose at bedtime.

Digestive System.—The patient often has vomiting. Two excellent remedies may be given, as carbolic acid or creasote, gr. $\frac{1}{4}$ four times per diem. Strychnia, gr. $\frac{1}{60}$, ter die, is also of great value.

Diarrhœa.—Opium, bismuth, ʒ j.; copper sulphate, gr. $\frac{1}{12}$; silver nitrate, gr. $\frac{1}{4}$, etc.

The Throat in Phthisis. — It may be swollen, and the larynx the seat of ulcers, which may become tubercular. Drink demulcents, as Irish moss (3 j. to the Oj.).

Prof. Da Costa has confidence in local applications of iodoform and cocaine. Let the patient eat his meals while the parts are under the effect of cocaine.

For *Irritative Fever*—

℞ Quininæ sulph. . . . . gr. iss.
Digitalis . . . . . gr. ss.
Opii . . . . . gr. ¼. M.
Ft. pil.
SIG.—Ter die.

—*Col. and Clin. Record*, Oct.

Sthenic Pneumonia (Croupous).—Prof. Da Costa's treatment: Do not bleed, as a rule, though in a strong man with strong pulse, you will relieve the headache in the early stage. In later stage, a few wet cups, in the same condition, will be of much avail. Keep down the circulation at any rate by one of two remedies, to wit: Tinct. aconite, ♏j.–ij., in diaphoretic mixture, every two hours, or tinct. veratrum viride, ♏iij.–v., in syrup of ginger, until an impression is produced on the pulse. In conjunction, quinine, gr. viij.-xij. per diem, will be found beneficial.

As the case goes on, and the circulation is to be further controlled, the use of digitalis is indicated. Act on the secretions and keep them up; keep patient quiet. Give him Dover's powder at night.

Quinine is to be given throughout the course of the disease. In the second stage expectorants are valueless, but may be used later, when tissue breaks down, etc. Then use ammonium chloride or ammonium carbonate. The latter is also a stimulant to the circulation, and also breaks up exudation. Give it in doses of gr. v.-vij., every two or three hours. The aromatic spirits of ammonia may be substituted for it, in doses of f. ʒ ss., given in simple elixir.

Plain food should be given; oysters or fluid food. We may give him almost what he wants. Stimulus is required for the symptoms, but not for the disease; *i.e.*, a flagging pulse, a weak heart, call for whisky. In this state of affairs give f. ʒ ss. every two or three hours. If the case passes into the stage of general exhaustion give whisky freely.

In typhoid pneumonia give ammonium carbonate, quinine, digitalis, and stimulus from the very onset.

Local Treatment.—If some pleurisy exists poultice, but cease when pain stops; glycerine for circumscribed pleurisy and lingering consolidation.—*Col. and Clin. Record*, Oct.

Arresting Pneumonia and Phthisis by Intrapulmonary Injections. — M. Lépine, Professor of the Faculty of Medicine, Paris, in a memoir presented to the Académie des Sciences by M. Marey, states that intrapulmonary injection of solution of bichloride of mercury in pneumonia arrests the progress of the malady and suppresses the rhonchi almost instantaneously. Dr. Truck, a pupil of M. Lépine's, has obtained important results by locally treating cases of tuberculous phthisis according to this method.—*N. Y. Med. Record*, Oct. 24th.

Apomorphine in Croup and Bronchitis.—Dr. Stutz. of Neuminster, is loud in his praises of apomorphine, subcutaneously injected in diphtheria complicated with croup, and in primary croup itself. Of ten of these latter cases, he lost only one, and this he attributes to his not having been called in quickly enough. Similar treatment is also very valuable in dyspnœa due to bronchitis. He has also been successful in cases of arsenical poisoning in children; and in one where a woman had such severe pharyngitis that she was quite unable either to swallow or speak. An apomorphine-injection quickly emptied the stomach of pus and mucus, and enabled her both to speak and swallow.—*British Med. Jour.*, Oct. 17th.

Therapeutic Uses of Sneezing.—M. Coiffier says in his recent work on "Méd. et Thérap. Ration.," if an expectorant is indicated, and the remedy at hand fails to act as it should, provoke sneezing. A sneeze loosens up the air passages, and sets the excretories into vigorous action. With children, a pinch of snuff is generally all-sufficient. With their elders, especially those in the habit of taking snuff, the poudre sternutatoire of the codex is better. Veratrine is a powerful provoker of sneezing — one one-hundreth part of a grain added to a half ounce (say 1 : 25,000) of snuff increases its sternutatory powers immensely. Again, there is nothing like a sneeze in expelling foreign bodies from the air passages. M. Coiffier gave a number of incidents confirmatory of this axiom. In two instances where he failed to excite sternutation otherwise, he succeeded by conveying to the base of the nasal fossæ a minute portion of veratrine, scarcely the two-hundreth part of a milligram, which he

carried thither on the end of a sound.—*St. Louis Med. and Surg. Jour.*

Intratracheal Injections.—Some experiments made by Dr. Pernice show that liquids injected into the trachea drop by drop, or in little jets, run down the posterior surface and are thence evenly distributed throughout all the bronchial twigs. They are then absorbed by the pulmonary veins or by the lymphatic vessels, and thus exert both a local and a systemic action. When the animal was placed in the supine position, with the head elevated a little, no cough was excited by the operation. Dr. Pernice used in his experiments distilled water, milk, and defibrinated blood. Absorption was complete, and no respiratory trouble of any sort resulted. He also employed solutions of tannin, borax, benzoate of soda, quinine, morphine, and nux vomica and lime-water, without exciting any reaction in the respiratory mucous membrane.—(*Il Movimento*) *N. Y. Med. Rcord*, Oct. 10th.

Asthma.—Dr. Q. C. Smith, of Austin, Texas, writes: To relieve those desperate paroxysms of asthma that threaten life every moment until relieved, I am accustomed to administer hypodermically the following:

℞ Mur. pilocarpine,
Apomorphiæ each . . . . gr. ½.

The patient will quickly sweat profusely, breathe easier, and obtain sleep, within ten minutes.—*Gaillard's Med. Jour.*

Rheumatic Bronchitis.—Professor N. S. Davis has obtained the most prompt and satisfactory relief in rheumatic bronchitis from the administration of:

℞	Sodii salicylatis	ʒ vi.
	Glycerinæ	ʒ iv.
	Vini colchici rad.	ʒ vi.
	Syr. scillæ comp.	℥ iss.
	Tinct. opii camphoratæ . . .	℥ ij.

M. SIG.—One teaspoonful in water every three or four hours.

—*Med. Bulletin*, Oct.

Eucalyptus Oil in Bronchitis.—Professor H. C. Wood says that the oil of eucalyptus in ten-minim doses (in gelatin capsules) four times daily, has, in his hands, replaced all stimulant expectorants in chronic or obstinate subacute bronchitis. —*N. Y. Med. Record*, Oct. 17th.

CIRCULATORY.

Cardiography. — Whether cardiography is ever destined to take a place in the routine of clinical practice is a question which cannot now be answered. The sphygmograph would have been ere now in every practitioner's greatcoat pocket were its indications of more certain value than an experienced finger. It will not be for want of systematic attempts if cardiosphygmography does not some day take its place amongst the clinical physician's armamentaria. The most recent contribution to scientific cardiography comes from America in the form of a pamphlet by Dr. A. T. Keyt, of Cincinnati, Ohio. The author says: "The cardiogram is a precious document. It is the record of the heart's pulsation written by the heart itself. Every phase of this record answers to a corresponding phase of the cardiac cycle, and the interpretation is now well understood. The line between the bottom of the main ascent and the top of the main descent answers to the ventricular systole, and the line between the top of the main descent and the bottom of the next main ascent answers to the ventricular diastole; and the small wave, single or double, which immediately precedes the main ascent answers to the auricular systole." The factors that determine the tracing are: (1) Changes of contraction and of relaxation of the cardiac fibres, (2) changes of intracardiac pressure, (3) changes of consistence of the cardiac walls, (4) changes in the volume of the heart, (5) reciprocal influences between the open ventricle and artery and open auricle and ventricle. The facts that cardiography has brought to light are arranged under three headings. First, those relating to the duration of cardiac cycles. The duration of single cardiac cycles can only be determined by measurement of the cardiagrams. The rythm of the heart may appear to our senses to be perfectly regular, and yet the variation in the length of the cycles may be considerable. The cycles of the heart are shorter in inspiration and longer in expiration; the shortening runs over into the first part of expiration, and the lengthening into the first part of inspiration. Secondly, facts relating to the duration of the ventricular systole and diastole. By means of cardiography these durations can be determined with the greatest facility and accuracy. With a pulse-rate of 75 the average duration

of systole is about .326 of a second, and of diastole about .474. Systole and diastole may both vary their duration without the length of the cardiac cycle being changed, in which case the shortening of the one will exactly equal the lengthening of the other. Thirdly, facts relating to the auricle. Although the theory that auricular contraction occurs in the latter part of the period of ventricular relaxation was accepted, it remained for cardiography to prove the point incontestably. Experiments on men and animals have shown that the systole of the auricle precedes the ventricular systole by an interval which averages about one fifth of the duration of the cardiac cycle, the proportion, however, being less in long and greater in short cycles.—*London Lancet*, Oct. 17th.

Examination of Blood Serum.—M. Hayem proposes the following plan for the chemical examination of the blood serum of patients: A puncture is made in the finger with the usual precautions, and from two to two and a half cubic centimetres of blood allowed to flow into a foot-glass; this is allowed to stand in a cold place, special precautions being taken in summer to keep it cool. The serum soon rises to the surface in sufficient quantity for the purposes of examination. Its reaction, which very rarely changes, is alkaline. The color of serum in a normal condition is a light green, like that of an unripe apple. The tint varies according to the condition of the patient. In jaundice it is a brighter green, and contains biliverdine, and this is the case in other affections of the liver. Under special conditions the serum dissolves a portion of the hæmoglobin of the red corpuscles, thus giving rise to the *serum laqué* of the old authors. M. Hayem has observed this rare color in the serum of pneumonia and also in hæmoglobinuria, not only during the attacks, but also in the intervals. —*London Lancet*, Oct. 17th.

Dilated Heart—Swelling of Extremities.—When Dr. Da Costa, Jefferson Medical College Hospital of Phila., first looked at this woman's swollen legs, he was inclined to think that it was one of those cases of swelling of the lower limbs, due to much standing at work. He has such cases, which especially occur among cooks. But this girl's occupation is shoe-pasting, and she sits down to her work. She is twenty-four years old, and two years ago this swelling commenced, manifesting itself primarily in the groin and hips, more especially on the right side. The urine is negative, and a uterine examination reveals no trouble there. There is no heart murmur, but she has palpitation on exertion; the impulse is extended, and there is percussion dulness much increased in area. There is no swelling of the face. The veins of the legs are somewhat prominent, but not varicose. We have here a dilated heart causing this swelling. The indications for treatment are to strengthen the heart, for which she is ordered one teaspoonful of the officinal infusion of digitalis thrice daily, this dose to be gradually increased (if she does not develop an abnormal susceptibility to the drug) to one tablespoonful. At the same time, to unload the portal circulation, she will be given one eighth of a grain of podophyllin occasionally at night.—*Md. Med. Jour.*, Oct. 24th.

Asphyxia of the Extremities.—Cases of local asphyxia and symmetrical gangrene of the extremities have been recently described by Messrs. Verneuil and Petit, who are of opinion that paludal cachexy plays an important part in the etiology. It is interesting to compare their observations with that of M. Bouveret, which has been published in the *Lyons médicale* for June 8, 1884. The patient, a woman, aged sixty-eight, lives in a country where ague is endemic, and she has been repeatedly attacked by it. She also suffers from atheroma of the arteries. In January, 1883, she noticed that the middle finger of her right hand was cold and of a dark color, but the normal temperature and color returned after dipping her hands into warm water. Some time later, the other fingers of the right hand were similarly affected; and little by little the disease progressed, so that now all the fingers and toes, as well as the palm and back of both hands, become at times cold and livid. Purple patches also appear occasionally on the forearms. The sensitiveness of the skin in the affected parts is much diminished, and sometimes even quite abolished. Dipping the extremities into warm water causes a temporary disappearance of the symptoms. —*British Med. Jour.*, Oct. 10th.

Oxygen in the Treatment of Leuchæmia and Pseudo-Leuchæmia.—Kirnberger (*Dtsch. med. Wchnschr.*) reports

a case in which, after the failure of arsenical treatment, inhalations of oxygen produced a rapid increase of strength, with diminution of the swelling of the spleen, the white globules becoming less numerous, and the red globules regaining their normal proportion. After a few months a relapse took place, but, although the red corpuscles were diminished in number, the white ones were not increased—a condition termed pseudo-leuchæmia. Finally, arsenic having again failed, the inhalations led to a definitive cure.—*N. Y. Med. Jour.*, Oct. 17th.

General Atheroma, Heart Disease, and Tremor.—Service of Prof. Da Costa, at Jefferson Col. Hosp., Phila.:

When this ruddy, vigorous-looking man, aged 63, puts up his arm, we notice that his hand trembles. His grasp is good and his weight 138 pounds. When he walks, his legs tremble and there is a quivering of the facial muscles. The patella-tendon reflex is preserved, but is not very strong. Sensation is not impaired, but the sense of taste is not quite as keen as formerly. Eyesight is very good and electro-muscular contractility is preserved. At the lower end of the brachial arteries there is a great deal of beating or throbbing, but there is no murmur or thrill. The radial artery feels rigid. There is a double heart murmur at the aortic cartilage. There is hypertrophy of both ventricles, most marked in the left. There is a systolic murmur at the apex, which is most likely transmitted from above. The carotids throb; the tongue is slightly coated, and he is costive. Sometimes he is short of breath, and complains of shooting pains in the side, abdomen, and breast bone; in fact it was for these pains that he came to the hospital. His urine is negative; he has not used tobacco to excess.

We have here general diffused atheroma, aortic regurgitation and constriction, and the tremor is most probably due to a faulty nutrition of the nerve centres, brought about by the condition of the vessels. The nutrition of the great motor centres is disturbed by the general arterial disease. Dr. Da Costa gives this man hyoscyamine (1–200 of a grain each night), as this drug has a controlling influence over the symptom of tremor. If the physiological effects of the drug are not produced, the dose will be increased to 1–100 of a grain. It will produce some dryness of the throat, like belladonna. He will also be ordered 20 drops of dilute phosphoric acid, in 40 minims of compound tincture of cinchona, thrice daily. The hyoscyamine will tend to keep the bowels regular and thus relieve the pain, which is probably dependent on their irregularity.—*Md. Med. Jour.*, Oct. 24th.

Hemostatic.—On observing accidentally the apparent hemostatic action of an infusion of nettle (*Urtica dioica*), Dr. C. G. Rothe, of Altenburg, prepared a tincture of the plant. The young plants were collected in the spring, with their stalks, leaves, and flowers, and digested for a week in alcohol 60°. Applied to wounds on pledgets of lint, etc., it quickly arrested bleeding, particularly that from the parenchyma and the smaller vessels. On contact the blood becomes changed into a soft but tenacious, not crumbly, clot. He considers it far superior to the liq. ferr. perchl. which he had always employed before. A reliable hemostatic *minus* the corrosive properties of ferr. perchl. would be very welcome.—*Medical Press and Circular.*

Acute Rheumatism—Cold Sponging.—R. Hingston Fox, M.D., M.R.C.P., writes: The communication by my friend, Dr. W. J. Mackie, in the *Journal* of September 26th, on the failure of salicin and the salicylates in certain cases of acute rheumatism, reminds me of a case which may be worthy of brief mention.

Beshara Bey, M.D., Friends' Hospital, Brumana, Mount Lebanon, in a recent letter to me, described a severe case of rheumatism, in which salicylate of soda, potash, quinine, colchicum, and liniments, all failed to relieve the fever and the pain. Almost in despair, he sponged the patient with cold water, quickly drying the skin afterward. The relief was immediate, and the man was able to walk a short distance to his home in six days from that time. Doctor Beshara wrote that he had used the same treatment in two other cases with success.

I am aware that this is no new treatment, although seldom used; it is one which requires some courage to practise, and yet may be well adapted to certain severe cases in which the salicylic remedies are ineffectual.—*Brit. Med. Jour.*, Oct. 10th.

Hemorrhage from a Tooth-Socket—Plaster of Paris.—Dr. Blackville reports a case of hæmophilia, in which obsti-

nate bleeding followed the extraction of a tooth. Ergot and witch-hazel were given internally, and Monsel's solution applied locally, without checking the hemorrhage, when it occurred to him to fill the alveolar cavity with dry plaster of Paris, a few repetitions of which completely controlled the flow.—*Med. and Surg. Rep.*, Oct. 10th.

Jaborandi in Rheumatism. — This drug has been used of late in rheumatism of the joints or articular rheumatism. It has been prescribed both in the form of a powder and fluid extract. The writer combines with it the alkalies as follows :

℞	Fl. ext. jaborandii . . .	gtts. 100.	
	Soda bi-carb.	ʒ ij.	
	Water	℥ iv.	M.

Take a teaspoonful four times a day. It is an excellent drug where sleep is prevented by intense pain. The following will answer well :

℞	Tr. opii	gtts. x.
	Fl. ext. jaborandii	gtts. x.

At one dose at night.

—*Med. Summary.*

ALIMENTARY.

Elevation of the Arms as an Indication of Peritonitis.—Henry A. Lediard F.R.C.S., Eng., Surgeon to the Cumberland Infirmary, writes :

There are various circumstances rendering the attitudes assumed by the sick of great diagnostic value. It may be that extreme restlessness, delirium, or fear, may prevent accurate noting of the pulse, temperature, respiration, or even physical examination of diseased organs. Again, deaf-mutism, malingering, a foreign language, etc., may further entail difficulties in diagnosis which might be in some measure ovetcome by the observance of a well-established position pathognomonic of a disease. I have in this short note to allude to one disease and one posture only, which seem to be rarely dissociated, at least in the adult, for many years have passed since I was first struck with a posture which I have generally found to be a truthful indication.

On November 19th, 1871, a waiter, aged twenty-two, was brought into the Edinburgh Infirmary, under the care of the late Professor Spence, whose house-surgeon I then was. The patient had been stabbed in the abdomen, and a foot of small intestine was protruding. On the day following admission the patient was noticed to keep his hands above his head, with the elbows out—*i. e.*, in a position often assumed when one is lying on the grass in summer enjoying the sounds of nature. Subsequently, but within twenty-four hours, he was observed to raise the left thigh ; finally, the hands were constantly behind the head, and the knees complely drawn up. Death occurred on the fourth day from general peritonitis.

In peritonitis following the operations for hernia, gastrotomy, ovariotomy, ruptures of the bowels following violence without external mark, and in puerperal peritonitis, I have constantly observed the position taken by the patient to be similar to that I have described. The raising of the arms is, in my belief, coincident with the commencement of peritonitis, and when the inflammation is at its height the hands will be clasped behind the occiput. The explanation is simple enough : the object being to lift all pressure from the distended bowels, the respiration becomes thoracic and the diaphragm fixed ; by raising the arms the pectoral muscles elevate the ribs, and more room is thereby allowed for lung expansion ; the raising of the arms moves the scapula upwards and forwards, and the serratus magnus being drawn upon still further, tends to relieve the thorax from pressure, whilst the dorsal position of the trunk, with an extended spine, favors respiratory movement.

Ir is more than likely that what I have directed attention to has been fully described already ; indeed, the position of the arms may have been duly noted by others, but not thought worthy of special remark. In the text-books on nursing I have glanced at, however, I find no notice taken of the elevation of the arms in peritonitis, whereas the drawing up of the knees is not omitted. My opportunities of observing peritonitis in children have been too few to enable me to make any statement.—*London Lancet.*

Capsicum in Gastro-Intestinal Affections.—Dr. M. Ceballos Torres, of San Pedro, Peru, writes in the *Cronica Médica*, of Lima, an interesting article on the uses of capsicum as a therapeutic agent in various maladies. He mentions that a certain medical professor who had charge of a hospital clinic had the misfortune to suffer

from chronic dysentery which resisted all treatment. He took medicines and enemas of various kinds, and confined himself rigorously to a very strict diet, which, after a time, became very irksome, so that one day he could not resist the temptation to break through it and risk the consequences. He therefore indulged in a good dinner, with which he took plenty of chillies, and fully expected to have to suffer severely for his imprudence; on the contrary, however, he found himself decidedly better, and therefore repeated the novel treatment of a good dinner, with plenty of chillies, regularly, with the result that his troublesome affection left him entirely. The writer also mentions that once being in perplexity about a patient with bleeding internal piles, whom he had had under treatment for a long time without producing much effect, he talked over the case with the above-mentioned professor, who suggested capsicum. This was given with food in increased doses. An improvement was soon observed, and after two months of this treatment the patient was completely cured. Other instances in which capsicum given in pills has proved efficacious in various forms of vomiting, anorexia, and bilious fever, are mentioned.—*London Lancet*, Oct. 17th.

Floating Liver.—Landau, to whom we are indebted for a most exhaustive monograph on the subject of floating kidney, has issued a companion brochure on the floating liver as associated with the pendulous belly of women. The existence of this condition has been regarded by good observers as doubtful. This was the conclusion arrived at, only a few years ago, by Wickham Legg after a review of the literature of the subject, comprising twenty cases. Landau has now collected thirty-one cases, to which he has added sixteen from his own practice. Of the published cases very many, as shown by Legg, are open to suspicion, and in some the diagnosis has been proved by autopsy to be erroneous. Suspended so closely to the diaphragm by firm ligaments, the anatomical relations of the organ seem most unfavorable to dislocation; indirectly, too, the liver is supported by the intestines filled with gas and liquid, and by the abdominal wall. The tension of the air in the lungs also aids in the suspension. In normal conditions the liver is very slightly, if at all, movable; but in pathological states it may become ante- or retro-verted, or dislocated downward.

The chief cause of mobility of the organ is an absolute increase in the abdominal space, such as follows repeated pregnancies, ascites, and the removal of tumors. It is associated always with pendulous belly, and may exist in various grades. As the extent of motion is limited by the attachment posteriorly at the inferior cava, and anteriorly by the attachment to the navel, the terms dislocated and displaced seem more appropriate than floating. The author thinks that in a large proportion of all cases of pendulous belly some degree of dislocation occurs. The diagnosis does not offer serious difficulties, and though many unpleasant symptoms may occur, the persistence of the condition is not dangerous. The treatment must be directed to the state of the abdomen, and, by proper measures of support, entire relief, if not a cure, may be effected.—*Phila. Med. News*, Oct. 3d.

Diagnosis of Gastric Fever.—Franz Riegel (*Berl. klin. Wochensch.*, 12, 1885) has instituted a series of observations which resulted in the discovery, that in cases of cancer of the stomach, whether accompanied by dilatation or not, the gastric juice evinced an utter absence of free hydrochloric acid. These investigations have since been repeated by others, and all have given the same result, and confirmed, therefore, Riegel's statement. It is said that this absence of free muriatic acid is due to the direct action of the carcinoma on the gastric juice.—*Med. and Surg. Rep.*, Oct. 31st.

Juice of the Fig-Tree as a Digestive.—Signor Bianchi, of Florence (*Lyon méd*), has ascertained that a drop or two of the juice of the leaves, or of the unripe fruit, will rapidly reduce a bit of fibrin to a *bouillie* soluble in water, and giving the reaction of the peptones. This new agent is therefore likely to be of service in cases of dyspepsia due to defective secretion of the gastric juice. It should also be capable of taking the place of papain as an application to diphtheritic membranes and ulcers.—*N. Y. Med. Jour.*, Oct. 31.

Beef-Powder in the Treatment of Simple Ulcer of the Stomach.—Under the inspiration of M. Debove,

M. A. L. Pradet has written a work on the treatment of simple ulcer of the stomach, in which, as we learn from a review in the *Union médicale*, he recommends the use of a mixture of beef-powder and bicarbonate of sodium. Small doses, he says, should be used for the first two days, but afterward 1,500 grains of beef-powder (*poudre de viande*) and 450 grains of bicarbonate of sodium may be given daily to a man, and 1,125 grains of beef-powder and 360 grains of the sodium salt to a woman. The treatment should be pursued until complete recovery has taken place, and it is only with extreme carefulness that the patient should be allowed to resume the use of ordinary food.—*N. Y. Med. Jour.*, Oct. 17th.

Treatment of Incarcerated Hernia by Ether Irrigation.—In the *Russkaia Meditz.*, No. 3, 1885, p. 62, Dr. V. Bartosz, of Romny, Poltava Government, writes that during the last two years he used ether with brilliant success in all his cases of strangulated hernia, seventeen in number. Irrigation was performed after Finkelnstein's method; that is, a tablespoonful of ether was poured over the tumor every half hour. The hernia disappeared spontaneously, or under slight pressure in the worst cases, within four or five hours. The duration of strangulation varied between a few hours and four days. The author describes, also, a case of internal intestinal obstruction in a woman, aged sixty, with nine days' constipation, incessant fæcal vomiting, tympanites, thready pulse, etc., in which, after all the usual means had failed, ether irrigation all over the abdomen brought about profuse stools in an hour and a half, the patient completely recovering.—*London Medical Record.*

Electricity in Intestinal Obstruction.—Dr. I. J. Hudson relates a series of cases occurring in operatives in lead-works and in potteries using lead in glazing their wares. Some of the cases are classed as intussusceptions, but it is probable that all were dependent upon lead-paralysis of the intestinal muscular coat. Dr. Hudson now relies upon galvanism altogether in the treatment of his patients, and the duration of their illness was notably lessened in comparison with the time occupied under other plans of cure. In the potteries the poison is absorbed by the skin, but in the lead-works the process alluded to under the head of "static electricity" would probably have saved much, if not all, of this suffering.—*Phila. Med. Times*, Oct. 31st.

Dilatation of the Stomach—Electricity.—Dr. Predazzi reports in the *Rivista Clinica e Terapeutica* for July, 1885, two cases of atonic dilatation of the stomach successfully treated by the application of the faradic current to various parts of the abdominal parietes over the enlarged organ. The electricity was applied in this manner for about two minutes each day, and at the end of ten and twelve days, respectively, a very marked improvement was noted. In addition to the faradic current, the patients were put upon a milk diet, and the stomach was washed out each morning with a pint and a half of a 7 per 1,000 solution of bicarbonate of soda.—*N. Y. Med. Record*, Oct. 3d.

Anodyne Mixture for Dyspepsia.—M. Germain Sée recommends:

℞ Tr. hyoscyami,
Tr. conii . . . . . āā f. ʒ ijss.
Tr. gentiani . . . . . f. ʒ jss.
Sp. anisi . . . . . gtt. x. M.

SIG.—Ten to thirty drops at each meal in painful dyspepsia and in cancer of the stomach (*L' Union médicale*).

—*Phila. Med. News*, Oct. 24th.

Dead-Shot for a Tape-Worm.—Bernard Persch says that after having given a fair trial to all the tænicides usually recommended, including kousso, male fern, pomegranate, etc., he found nothing to equal the following treatment, which is as certain as any thing in medicine generally gets to be. In the morning early he gives a drop of croton oil dissolved in chloroform and the solution mixed with an ounce of glycerine. On retiring that same night, the patient is given a mild laxative. The *Rev. des scien. méd.* says that the treatment never fails, the tænia being rapidly and completely expelled.—*St. Louis Med. and Surg. Jour.*

Jaundice.—In ordinary cases of *catarrhal jaundice*, Dr. Neff, at the Hospital, advises the application of a blister over a region marked by a line extending from the gall bladder to the ensiform cartilage. In a few hours after the application the bile pigment disappears from the urine, and the yellow hue of trunk and body rapidly fades. Phosphate of sodium is given in conjunction.—*Col. and Clin. Record*, Oct.

Action of Santonine Upon the Liver.—Dr. A. Battistini has been making a number of experiments to determine the physiological action of santonine. He reports that it acts especially upon the liver, increasing the secretion of bile, but causing no alteration in the composition of this secretion.—(*Lo Sperimentale*) *N. Y. Med. Record*, Oct. 3d.

Nutritive Enema.—While on formulas, it may be useful to give the injection used here in rectal alimentation in cases of cancer of the stomach :

Beef-soup (concentrated and all the fat removed)	200 grammes.
Extract of cinchona (aqueous) . .	1 grm.
Port wine	20 grammes.

To be administered five times a day, per enema.

—(*Paris Letter*) *Phila. Med. Times*, Oct. 17th.

Paresis of Bowel.—When a paretic condition of the bowel is present, and *atonic diarrhœa* exists, Prof. Bartholow advises the use of—

℞ Tinct. aloës et myrrhæ . . f. ʒ vj.
Tinct. nucis vomicæ . . . f. ʒ ij. M.

SIG.—f. ʒ ss., ter die.

—*Col. and Clin. Record*, Oct.

URO-GENITAL.

Thermo-Electric Prostatotomy.—A man, æt. sixty-eight years, consulted Professor Bottini for an enlarged prostate. There was muco-pus in the urine, which could only be voided by means of a catheter. Under irrigation of the bladder with solutions of boracic acid and sulpho-carbolate of zinc, the urine became clear and the bladder gained a little power. On July 5th, the patient being under chloroform, the professor introduced his thermo-electric cauterizer into the bladder, and applied the cautery to the tumor. The instrument consists of a double-channelled catheter. Within the inner tube are the isolated electric wires leading down to a platinum plate and heating it when the circle is completed. At the same time a stream of cold water circulates in the space between the two tubes and prevents the surrounding parts becoming heated.

In this case the burning was continued for forty-five seconds. No fever followed the operation, and belladonna suppositories were used to relieve vesical tenesmus, a catheter being retained in the bladder.

After four days the catheter was removed, and the urine drawn off every six hours. The bladder was washed out with a two-per-cent. solution of sulpho-carbolate of zinc. Micturition occurred naturally for the first time twenty-four days after the operation, but only in drops to begin with. About this time several sloughs came away in the urine. At the end of three months the act of micturition was normally performed and the urine was healthy. Six months after the operation the patient was in good health. It may be mentioned that great benefit was derived from the administration of nux vomica and the local use of an induced electrical current.

The operation causes but little pain, so that anæsthetics are only useful in hypersensitive patients.—(*Gazzette degli Ospitali;* Prof. Bottini, of Pavia) *Annals Surgery*, Oct.

Galactocele of Tunica Vaginalis Testis.—A peasant, æt. twenty-eight years, said to have suffered a contusion of scrotum four years previously, but without immediate pain or enlargement. Five days later some pain on walking and first swelling of scrotum, which has gradually assumed a large size. Scrotum now thirty-two centimetres long by twenty-two centimetres in circumference. It looked like a hydrocele. Drew off a little whitish-yellow, milky, not transparent fluid, which showed fat droplets under the microscope, but no filia. Punctured then with trocar; 350 grm. fluid removed; iodine injected. Not seen again.—(*Arch. klin. Chirg.;* Dr. Hashimoto, Tokio) *Annals Surgery*, Oct.

Determination of Chlorine in the Urine.—Chlorine in urine cannot be estimated directly by Mohr's method, since uric acid, coloring matters, and other urinary constituents are also precipitated, and the results obtained are therefore too high. W. Zuelzer recommends the following process: 10–15 cc. of the urine are acidulated with nitric acid and the chlorine precipitated with silver nitrate; the silver chloride is removed by filtration, and dissolved in ammonia; from this solution the silver is precipitated by colorless freshly-prepared ammonium sulphide or, better, potassium sulphide, the excess of sulphide removed by cadmium nitrate, and an aliquot part of the filtered liquid acidulated with nitric acid, neutralized with calcium carbonate, and triturated by Mohr's method.—*Boston M. and S. Jour.*, Oct. 15th.

Gonorrhœal Epididymitis. — Clinic of Prof. Brinton, Phila. : I brought a man before you at our last clinic suffering with gonorrhœal orchitis, and then told you that the term orchitis was not to be taken in the strict sense as inflammation of the testicle, for in many cases the epididymis only is involved. I now present to you James F., twenty-six years of age, with an enlarged testicle following an attack of gonorrhœa, who has epididymitis, not orchitis. This is very likely to occur in cases of gonorrhœa, and you find upon examining the testicle in such cases that the swelling is at first confined to the epididymis, involving the globus major or minor, or both, and you will dectect a crescentic mass of induration (due to the inflamed epididymis), and in the cup-shaped depression rests the testicle. Subsequently the testicle may become inflamed, or an effusion occur into the tunica vaginalis, giving rise to great pain and hardness.

It is a fact worth noting that the pain is not necessarily felt in the testicle. This man complains of pain in his back, in the groin along the spermatic cord, and extending along the branches of the genito-crural nerve down the thigh, even down to the leg,—rather than in the testicle itself.

How shall you treat this affection? If a case of acute epididymitis come to you for treatment, you should direct the patient to lie down upon his back with the scrotum elevated, so as to drain the venous blood away ; and cold applications of lead-water and laudanum may be made to the inflamed organ,—or they may be tepid if the patient cannot bear the cold. If the bowels are not open, give the man a dose of salts, Epsom or Rochelle, a teaspoonful each morning. If the pains are severe, opium may also be given ; and if the inflammation is very marked, two or three ounces of blood may be taken by leeches. I know that it is said that leeches should not be applied to the scrotum, on account of the ecchymosis which they cause ; but in such cases looks are of less importance than prompt relief. The lead-water will have to be washed off before the leeches will take hold. After the acute symptoms have passed, I am in the habit of applying mercurial ointment upon a piece of lint, with which the extract of belladonna may be incorporated in proportions up to one half that of the mercury. This is to be applied fresh every morning ; before doing which the scrotum is to be carefully washed off with warm water and soap, to get off the old ointment. Under this treatment the patient will usually get well in about two weeks, but there will generally remain a tell-tale button of induration in the globus minor. When you find this significant little witness, you need not test the patient's veracity too greatly by asking if he ever had gonorrhœa and an inflamed testicle.

The treatment of epididymitis, then, may be summed up as rest, support for the testicles, saline purgatives, leeches, and anodyne applications of lead-water and laudanum, with morphine internally if necessary. The diet should be restricted.—*Phila. Med. Times*, Oct. 17th.

Hypodermic Injection of Morphine in Uræmic Convulsions.—Scudamore Powell, M.D., Thayer Street, Manchester Square, writes : In connection with the case showing the utility of the hypodermic injection of morphine in uræmic convulsions, published in the *British Medical Journal* of August 29th, perhaps the following instance of its beneficial effect may be of some practical value :

In the early part of this year, I was attending a child aged 6 years, for a slight attack of scarlet-fever. At the end of a week, the little patient was apparently well, though anæmic. The mother was cautioned about the danger of allowing the child to be exposed in any way ; but the caution was not heeded, and the child went in and out as usual. At the end of a fortnight the mother came to me, saying the child's face was swollen, and it was very sick and cross. On visiting, I found the usual train of symptoms of albuminuria, with dropsy. The skin was desquamating, and the child was excessively weak and anæmic. I prescribed a purgative, and an iron mixture, and ordered warm sponging and bathing. Three days after seeing the child in the above condition, I was suddenly called by its mother, as the child had been in a fit for an hour or more, and the convulsions were continuous. The child had one fit previously to this seizure, at 7 in the morning, which lasted about ten minutes. On my arrival, I found the patient in strong convulsions, perfectly insensible to all external impressions ; and it appeared certain that life could not continue long under the pres-

ent conditions. Another medical man saw the case previously to my visit, and, I presume, deemed it hopeless. There was no possibility of giving medicine by the mouth ; and, not liking to trust to the slow absorption of rectal injection, I injected a solution of one-twelfth of a grain of morphine with 1-120th of a grain of atropine under the skin of the arm. In five minutes the convulsions had entirely ceased ; the patient was sleeping quietly ; the breathing was natural ; and the skin was moist and warm. There were no more fits ; and the patient was soon well, and able to get about again. I may add that I gave the child a vapor-bath while I was preparing the solution for injection.—*British Med. Jour.*, Oct. 10th.

Detection of Sugar in Urine.—In testing urine for sugar with copper solution, the blue coloration frequently disappears and passes into yellow. C. Giacomo finds that neither coloring matter, gum, albuminoids, nor extractive matters cause this change, as, after their removal by means of animal charcoal and lead acetate, the sugar reaction sometimes fails ; if, however, an alcoholic extract of the urine extract is treated with concentrated alcoholic zinc chloride, filtered and evaporated after forty-eight hours, then the presence of sugar will be indicated by the copper solution. It is the creatinine, so removed, which prevents the reduction of the copper salt by the sugar, as it reduces the copper salt and combines with the cuprous oxide produced to form a white granular powder soluble in alkalies. This reaction is so delicate that 1-10,000 of creatinine can be detected. The sugar reaction only takes place when all the creatinine present has combined with cuprous oxide ; so that in the presence of creatine a larger quantity of copper sulphate is required, and Trommer's test requires to be so modified that ten or twelve drops of tartaric acid, as much copper sulphate, and an excess of potassic hydrate are added to the urine.—*Boston M. and S. Jour.*, Oct. 15th.

Jambol in Diabetes.—Dr. C. E. Clacius reports three cases illustrating the value of jambol (Syzigium Jambolanum) in diabetes mellitus. Dr. Clacius administered five grains of the powdered seeds four times a day, with the result in each case of reducing the quantity of urine passed almost one half, and of reducing the percentage of sugar present from ten and twelve per cent. to three per cent. Marked improvement was also noticeable in the general symptoms of the patients.—*Med. Bulletin*, Oct.

Test to Discover the Presence of Blood in the Urine.—Dr. Antonio Luchini proposes the following test for the presence of blood in the urine, which possesses the advantage of preserving the natural color of the blood :

Ten c. c. of urine, acidulated with a drop of acetic acid, are agitated while cold with three c. c. of chloroform ; when allowed to stand, the chloroform will rise to the top, and will be colored more or less intensely, according to the quantity of blood originally present in the urine.

Dr. Luchini has proved the efficiency of the test with ten c. c. of a mixture containing only three drops of blood in 250 c. c. of distilled water.—(*Gazzetta degli Ospitali.*) *Phila. Med. News*, Oct. 17th.

Nitro-Glycerine for Nephritis.—Bourginski asserts that nitro-glycerine in small doses diminishes the quantity of albumen in the urine eliminated in twenty-four hours. The quantity of urine in twenty-four hours is also augmented, and the increase is maintained for some time after the discontinuance of the drug. Progressively increasing doses have a still greater influence in diminishing the albumen. He did not observe any appreciable alteration of the specific gravity of the urine or in the weight of the patients. The drug has no deleterious effect on the general condition of the patient, if we except a slight transient headache which supervenes during the first days of employment of the medicine.—*London Lancet*, Oct. 17th.

Painless Method of Introducing the Catheter.—Dr. J. H. Berst, Kokomo, Ind., writes : My plan is the spurting of a few drops of a four-per-cent. solution of cocaine mur. into the mouth of the urethra, and allowing it to seek the deeper parts of the canal by gravitation. This can be accomplished with an ordinary medicine-dropper, the point of which has previously been glazed by holding in the flame of a spirit-lamp.

By this simple method of producing local anæsthesia I have been enabled not only to painlessly catheterize my patients, but in four cases perform internal urethrotomy,

and carry out the after-treatment, viz., the daily introduction of a full-size sound, without causing any pain whatever.—*Therap. Gaz.*, Oct.

Hydrobromate of Hyoscine in Spermatorrhœa.—Dr. H. C. Wood states that he has succeeded in arresting spermatorrhœa in several instances by the administration of hydrobromate of hyoscine in doses of $\frac{1}{75}$ grain, administered by the mouth, at bedtime. Unfortunately the relief is only temporary, the nocturnal emissions recurring as soon as the remedy is pretermitted. Dr. Robinson, physician to the Eastern Penitentiary, at Philadelphia, has also had good results with the drug in this direction. The most marked benefit was derived from its use in a case of erotomania in a female convict. Further experiments are being made with the remedy by both gentlemen.—*Therap. Gaz.*

VENEREAL.

Syphilis—Local Treatment.—The following is from an article by Dr. J. Grünfeld (*Wiener Klinik*):

The objects of local treatment are cleansing and disinfection of the affected area, reduction of inflammation, and cauterization.

Grünfeld holds that cases of a light nature and recent standing do not require any local attention. To this class belong syphilitic (mucous) patches, papules, and nodes.

In extensive tissue-destruction, with ulceration and scab-formation, such as in rupia and allied ulcerative processes, topical applications are indispensable. The scales are to be saturated with olive oil or carbolized oil (acid. carb., 1 to 10 olei oliv.) until they soften and fall off spontaneously. Lukewarm baths have the same effect. The remaining defects yield then readily to a combination of the mercurial and the soap plaster. As to the treatment of the so-called wet papules, Grünfeld advances the following indications:

1. Removal of the purulent secretion from the diseased surface, obtainable through baths of lukewarm water, or through disinfectants, such as carbolic acid or chloride of lime. After the bath a disinfectant wash is necessary, with solutions of carbolic or salicylic acid, thymol, chloride of lime (one to two per cent.), or sublimate (one to two per thousand).

2. Removal of inflammation from the affected skin-area. The part is to be covered first with medicated gauze, and then with cold compresses. Solutions of sulphate of zinc (one-half to one per cent.), chloride of zinc, alum, borax, acetate of lead, or even Goulard's extract, are eligible menstrua for the medication of the gauze.

3. To prevent the spreading of the affection. This can be effected by a thorough isolation of the affected skin-area by dry cotton.

4. The formation of a new integument, which is facilitated by astringent coverings favoring the generation of a new epidermis. Solutions of calomel (two to three per cent.), chloride of zinc, chlorate of potassium, salicylic acid, and caustic potash, applied with a brush, will ordinarily achieve the desired effect.

5. Complete removal of isolated or confluent papules by an energetic caustic, such as the sublimate (1 to 20-25, concentrated acetic acid), applied carefully with the brush, after which the part is covered with dry cotton. Labarraque's method (solution of chloride of sodium and calomel) or Zeissl's fluid (calomel and liquid chlorine) are also serviceable. After this procedure, the application of astringent drugs hastens the healing process.

The scurf and scales usually appearing on the head are to be anointed with oil or vaseline every evening, so as to induce their falling off. In the case of pustules appearing on other portions of the body covered with hair, a more energetic procedure, such as the application of ointments of oxide of zinc, bismuth, white or yellow precipitate, is necessary.

Psoriasis palmaris and plantaris require special and careful attention. In light forms of this affection covering with mercurial plaster alone suffices. Before changing the plaster it is well to cleanse the part thoroughly with lukewarm soap-water. In cases with thickened epidermis, which show little or no tendency to improvement, the sublimate-collodium (sublimate 1 grm., ol. ricini 2 grm., collodii pari 20 grm.) is to be painted on twice daily in two or three thin coats. In some cases ointment of white precipitate, oxide of zinc, or bismuth, rubbed into the part daily, act well. The mercurial plaster is, however, more powerful, and scarcely dispensable in the ulcer-

ative form of psoriasis. Still, in spite of the most careful and specialized local treatment, the healing process is not infrequently so tardy as to require a constitutional treatment.

In syphilitic onychia, Grünfeld recommends the frequent cutting of the nails and the filing off of protruding parts of them. The mercurial plaster will soften the thickened margins and scaly masses.

Of higher importance, and requiring a more energetic therapeutic interference, are the gummata. In the nodes and ulcers of a syphilitic nature the first therapeutic requisite is the careful removal of the scabs by lukewarm baths or ointments.

Experience has invariably demonstrated the advantage of adding sublimate to the lukewarm baths taken in the cure of syphilitic skin-affections: 5 to 10 grammes are usually added to the quantity of water required for an ordinary bath-tub, while for local washes of the body, 1 to 2 grammes suffice. Iodide of potassium, of course, can be similarly used. In fetid ulcers, Grünfeld suggests the addition of thymol or carbolic acid. In diphtheritic processes the strong caustic remedies are indicated, such as nitrate of silver, (the solid stick, or in solution of 1 to 10), sulphate of copper in a concentrated watery solution (1 to 5-10), calomel in concentrated solution of acetic acid (1 to 10-15-20), or, finally, the hot iron. In ulcers of a phlegmonous tendency, covering with the tar and plaster of Paris powder, alongside of proper antiphlogistic measures, are recommendable after antiseptic washes of chloride of lime (one to two per cent.) or carbolic acid (five per cent.).—*Therap. Gaz.*, Oct.

Syphilis—Treatment.—In an article on this subject Dr. F. R. Sturgis says:

Sometimes it is best, owing to the constitutional debility from excesses of various kinds with which these patients suffer, to institute a tonic and hygienic treatment before having recourse to the mercury or the iodide. The iodide of iron is especially useful in these cases, although the citrate and potassio-tartrate are well borne. Cod-liver oil may also be administered.

Besides being given internally, mercury may be administered by inunction, fumigation, the bath, subcutaneous injection, and by suppositories. The results of the inunction are comparatively favorable, and it has the advantage of leaving the stomach for what it is intended—namely, food and drinks, and not for drugs. After a hot foot-bath, the ointment may be applied to the soles of the feet; woollen stockings should then be worn, and then every step will rub the ointment in.

A mercurial bath may be given once or twice a week, according to the strength of the patient. Lamps are sold for this purpose. The patient is placed on a cane-bottomed chair, stripped, and covered with a blanket, outside of which is a macintosh. A lamp, having a gutter for water and a cup containing mercury, is placed under the chair. The patient is left in this vapor until after the mercury is completely volatilized, and he has had an opportunity to cool off somewhat, when he should be wiped off and put to bed for two or three hours, as in the Turkish bath.

When nodes become soft, resist the temptation to put in the knife, for while it is good for an abscess to be opened, it is bad for a gumma, as it admits the air to the bone and necrosis ensues, for which operation is hopeless, as no proper sequestrum is formed. In the affections of the nervous system the remedy should be given promptly and with a free hand. The most unpromising cases got well when properly treated, but the iodide must be given in doses which seem appalling when compared with those beyond which we were warned never to go when we first began to use this drug. One ounce per diem, in divided doses, has to be given frequently. Bumstead reports the case of a patient who took his iodide *ad lib.* He became, in fact, an iodide eater. This rule may be relied upon, that no toxic results will occur until the symptoms yield. The remedy should, therefore, be carried to that point and then dropped. Symptoms that laugh at fifty will yield to one hundred grains, and the necessity for one hundred and fifty or one hundred and eighty grains need cause no alarm.—*Med. and Surg. Rep.*

Constitutional Syphilis.—Dr. Wm. Varian, Titusville, Pa., speaking of his experience during twenty years, says: The foundation of my treatment was mercurial—using in preference the prot. iodide, as it gave me much better results than the bichloride—inunction, fumigation, etc., all of which I faithfully tested in a large number of cases. The mercurials were alter-

nated with courses of the iodide of potash, which was always pushed to the constitutional limit. Duration of treatment from one year to eighteen months, and longer, if indicated. Of course, due attention was paid to the tonic and hygienic indications. The results were very happy.

My experience both in private and hospital practice, has proved to me that the mercurial treatment in the hands of a man of judgment is perfectly safe, and that without it syphilis cannot be thoroughly eradicated.—*Med. and Surg. Rep.*, Oct. 17th.

Macular or Pigmentary Syphilide.—The following case seems worth publishing, especially with reference to a note on the subject in the *Journal* of September 5th, page 454. The patient, a male, aged 29, presented himself at the cutaneous department of Guy's Hospital, on June 9th of the present year. He contracted a venereal sore in November, 1884, and this was followed by sore-throat. The forearms, arms, fronts of the thighs, buttocks, and back of the trunk, especially on the left side, were now covered by brownish copper-colored patches of very variable size, some as small as a threepenny-piece, others as large as the palm of the hand. Some patches were discrete, but most of them confluent, forming in this way large irregular areas, with circular or crescentic margins. There were no cutaneous lesions other than the pigmentary. The posterior cervical and left inguinal glands were enlarged. He had not been previously treated for syphilis. He was placed upon a course of blue pill, guarded with opium, and rapidly improved, so that, on July 7th, a note was made to the effect that "the patches have all disappeared, only the slightest trace of pigmentation remaining."—(R. E. Carrington, M.D., F.R.C.P.) *British Med. Jour.*, Oct. 10th.

Syphilides—Calomel.—The therapeutic action of calomel upon the moist syphilides has been investigated by Fuerbinger, and the results communicated to the *Zeitschrift fuer klinische Medicin.* He finds that, in addition to its well-known exsiccatory properties, calomel exerts a direct specific mercurial action, owing to a change *in situ* of a portion of it into the bichloride, and the subsequent absorption of the latter. That this chemical change does take place, he proved by testing the washings of ulcers to which calomel had been applied, obtaining, on the addition of a solution of potassium iodide, copious precipitations of mercurial iodide. This specific mercurial action, combined with exsiccatory powers, is what makes calomel so precious an agent in the treatment of syphilitic skin diseases. —*National Druggist*, Oct.

Gonorrhœa and Gleet.—An efficient formula in gonorrhœa and cases of gleet without stricture, is the following:

℞ Liq. bismuthi et hydrastis (Merrell's)	℥ j.	
Listerine	℥ ss.	
Solut. morphiæ (Magendie's)	ʒ iiss.	
Aquæ	℥ iv.	M.

SIG.—Use as an injection three or four times daily, retaining the same from three to five minutes.

The above has met with the most phenomenal success.—(E. A. Chancellor, M.D., St. Louis, Mo.) *Med. World*, Oct.

OPHTHALMIC.

Brain Troubles Affecting the Eyes.—Dr. H. Macnaughton Jones says that in meningitis, degeneration, and tumor of the brain, we have, in all three, either contracted or dilated pupils, the consequences of paralysis or irritation. Menengitis is frequently attended by retinitis or optic neuritis. Degenerations bring on changes which, like tumors, are dependent upon the situation of the degenerative change: if in the cortex, early neuritis; about the angular gyrus, hæmianopia and diplopia; if involving the fourth ventricle and the third nerve, ophthalmoplegia externa and ptosis, to be followed later on by atrophic changes in the papilla, or absolute blindness. Brain tumor has as its consequence ptosis, optic neuritis, optic atrophy, and paralysis of the ocular muscles; of cerebellar tumor, optic neuritis, and atrophy, if accompanied by staggering gait, are pathognomonic.—*London Practitioner.*

Pigmentation of the Conjunctiva in Addison's Disease.—Armin Huber, assistant in the Zurich clinic, records (*Deutsche med. Woch.*, No. 38) a case of Addison's disease in which the conjunctiva was the seat of pigmentation. The pigment was deposited in one minute patch on the scleral conjunctiva of the right eye, above the corneo-scleral junction, and on each side in numerous spots along the lower margin of the cornea. The patient was forty-nine years old, and presented well-

marked bronzing of the skin, besides suffering from gastric symptoms so frequently met with in Addison's disease. The writer remarks that he is only aware of one other observation of the conjunctiva being pigmented in this disease—namely, in a case described in Gerhardt's clinic.—*London Lancet*, Oct. 3d.

Vaccine-Blepharitis.—A woman, aged thirty, presented herself at Prof. Hirschberg's clinic, in Berlin, with an inflammation of the left eyelid, which had begun four days previously. The swelling was so great as to cause the lid to completely cover the eye. The inner half of the edge of the lid was the seat of a white diphtheritic-looking infiltration, and opposite to this, on the skin of the lower lid, were also five or six white vesicles. Fourteen days previously her child had been vaccinated, and eight days before the patient was first seen she had received a slight scratch on the lid from the child's fingers, which had first scratched off the scab on its arm. In two days after admission the vesicles on the lower lid developed into distinct pocks, with tenderness of the surrounding cutis. After another week the patient was dismissed cured.—(*Centralblatt f. Augenh.*) *Edinburgh Med. Jour.*, Oct.

Vesicle of the Cornea.—Dimmer describes the following case: The patient—a woman, æt. thirty—had received, nine days before applying for treatment, an injury to the left eye from lime. At the time of application for treatment the left cornea was superficially, but over its whole surface, clouded. There was ciliary and conjunctival injection. Atropine was applied and the eye bandaged. Two days later the patient presented herself. The cornea was found to be covered with a large vesicle filled with bloody serum. Instances of the formation of visicles after burns are on record, but they are rare. A case of Mayerhausen's in which the vesicle was filled with blood, and also a similar one described by Schmidt-Rimpler, seem to belong to this category.—(*Klinische Monatsblätter.*) *Phila. Med. Times*, Oct. 17th.

Etiology of Ophthalmia Neonatorum.—Ravogli says he believes ophthalmia neonatorum to be produced by a gonorrhœal discharge of the vagina of the mother. In proof of this he cites an experiment of Pauli de Landon, who injected one drop of the pus from a child's eye suffering from this affection into a man's urethra, and in twenty-four hours a specific urethritis set up. He then diluted one drop of the discharge from the man's urethra, and produced a typical case of ophthalmia neonatorum by injecting it into a child's eye. The same Pauli de Landon applied pus from an abscess to a child's eye without producing ophthalmia neonatorum.—*Chicago Med. Times*, Oct.

Foreign Bodies in the Conjunctiva.—De Wecker recommends the appended formula for relief of photophobia and orbicular spasm, antecedent to the removal of foreign bodies from the conjunctiva:

℞	Aquæ dest.	ʒ iss.
	Cocaine, hydrochlor.	gr. iv.
	Hydrargyr. chlor. corros. . . .	gr. $\frac{1}{10}$. M.

Sig.—Two drops into the eye.

The preparation is preferable to that containing atropia, on account of absence of mydriatic effect upon the pupil.—(*Revue de thérap.*) *Phila. Med. News*, Oct. 17th.

Eyelashes—Lice upon.—Dr. W. R. Amick writes: An ointment of yellow oxide of mercury and vaseline in the proportion of one to thirty did not completely destroy lice which had established themselves among the roots of the eyelashes. The unguent. hydrg. nit. of the U. S. D. carefully applied to edges of the lids, after thorough cleansing, proved successful in a few days. —*Cincinnati Med. Jour.*

Treatment of Eczema of the Eye-Lids.—Burchard regards eczema of the eyelids and their vicinity as a frequent cause of conjunctivitis and keratitis phlyctænulosa (*Monatshefte f. praktische Dermatologie*, No. 2, 1885). Predisposition, or, more often, neglect, of the eczema leads to eczematous keratitis prolapse of the iris, partial destruction of the cornea, and incurable blindness.

The treatment which Burchard found highly successful in removing these eczematous conditions consists in brushing the eyelids with a three-per-cent. solution of nitrate of silver. The eyes have to be closed during the application, to prevent the caustic solution from falling on the conjunctiva. Immediately after the application the part is to be dried with a linen cloth, all existing vesicles and pustules opened and laid bare. The brushing and drying manipulation is repeated four or five times

in succession, whereupon all eczematous spots soon grow conspicuous by the precipitated chloride of silver. This treatment is to be applied at first daily, later every second day. Pain is rarely experienced after the fourth application. The eczematous area decreases gradually but persistently, especially if the part after each cauterization is thickly covered with an ointment composed of vaseline 10.00, ol. cad. 1.5, flor. zinci 2.00. If, however, the eczema is in such a vicinity to the eyes as to threaten their irritation by this ointment, a salve made from the white percipitate is preferable.—*Therap. Gaz.*, Oct.

When Spectacles Should be Used.—When we are compelled to remove small objects a considerable distance from the eye.

When we find the light insufficient.

When the object appears blurred, cloudy, or has a mist before it.

When the letters of a book run together or appear double or treble.

When the eyes become fatigued after reading or other exercise.

These rules answer in many cases, but not always.

Never choose a pair of spectacles when the eye is fatigued. Wait an hour or two after; you can be better suited. The tired eye needs rest, not glasses, and if they are purchased when the eye is excited or tired errors are certain to occur in selecting the proper glasses. Wait patiently for an hour or two, or, better still, three.—*Med. Summary.*

Nematode in the Human Eye.—A species of filaria extracted from the eye of a woman aged seventy, by Dr. Vadala of Cattania, and sent to the zoölogical laboratory of that university. The species was not determined, and appeared to be new, not corresponding in many respects with the descriptions given of others found in the eyes of animals or men. The peasants of the district are in the habit of eating not only the flesh but the entrails of animals which have died of disease.—(*Annali di Ottalmologia*, xiv., 3) *Edinburgh Med. Jour.*, Oct.

Benzol in Epithelioma of the Eyelid.—At the Brooklyn Pathological Society, Dr. Arthur Mathewson reported the following history of a case: An Irish laborer, fifty years old, was first seen October 31, 1883, when he had a growth on the right lower lid, projecting two thirds of an inch, with an ulcerated surface. It had first been noticed, as a warty excrescence, a year or two before, and had lately begun to grow rapidly. Microscopical examination, by Dr. W. H. Bates, showed it to be clearly an epithelioma. At first the treatment consisted in dusting the granulating surface with calomel; afterwards (at the suggestion of Dr. Bates, who had records of two cases of epithelioma treated successfully, in his own practice, with the agent) in application of benzol. After about three months' use of these remedies, applied three or four times a week, the growth had completely disappeared, leaving a smooth, depressed cicatrix. On the 1st of March, 1885, the man came back, with the history of a small ulcerating spot having appeared some six months before at the outer edge of the cicatrix. This was extending rapidly, but quickly began to contract under renewed applications of the same remedies, and was much reduced in size when the patient was presented at the April meeting of the New York Ophthalmological Society. On the 1st of May, when the patient left town, it was scarcely noticeable. On the 8th of July the man appeared again, with a considerable increase in the size of the ulcerating surface, but it had again yielded promptly to the applications. The benzol was brushed over the ulceration and the adjacent surface after they had been carefully wiped, and calomel was then dusted on. The applications were made from two to four times a week.—*Jour. Amer. Med. Ass'n*, Oct. 17th.

Photography in Medical Jurisprudence.—M. Gosse, at the recent French Congress, read a few notes on the importance of photography in medical jurisprudence. By placing a few drops of glycerine and water on the cornea of a dead man, the living expression is, he declares, reproduced, the exact position at the moment of death being represented in the photograph.—*N. Y. Med. Record*, Oct. 10th.

Gout of the Eye.—Mr. Jonathan Hutchinson finds that many cases of irritable hyperæsthesia and easily tired eyes, in young persons, arise from inherited gout and should be treated from that standpoint rather than with glasses.—*N. Y. Med Times*, Oct.

AURAL.

Labyrinthine Disease.—It will be readily conceded that our knowledge of alterations of the labyrinth is defective. Politzer asserts that primary disease of the labyrinth is rare, whilst inflammations propagated from other parts are common. Moos has described a purulent infiltration of this region in variola, scarlatina, and typhus. Politzer relates the history of a patient who died from leukæmia, and in whom deafness supervened rather suddenly. The diagnosis of a leukæmic affection of the labyrinth was made during life. The tympanic end of the spiral chamber was filled with a cellular proliferation traversed by an osseous skeleton adherent to the wall of the labyrinth. In the vestibule a large agglomeration of white globules pressed against one another was discovered, and these were also found in the semicircular canals. Politzer asserts that such cases have not been described in leucocythæmia. Gottslein has recorded two cases of sudden deafness in leukæmia. Voltolini has written of acute "labyrinthitis"; in this disease the patient is violently attacked with symptoms having the intensity of acute meningitis. Politzer does not regard labyrinthine deafness as always incurable, and he cites observations of spontaneous cure of typhoid and syphilitic cases. Encouraged by the success that Weber, Fechs, and De Hoch have had, he has employed subcutaneous injections of pilocarpine in the syphilitic form of the affection. Atropine is also injected simultaneously to assuage the salivation, sweating, nausea, and vertigo that are induced by the pilocarpine. Marked success has attended the treatment, which is, however, valueless for affections due to hereditary syphilis, as also for the deafness of cerebro-spinal meningitis, and dry catarrh of the middle ear complicated with labyrinthine mischief.—*London Lancet*, Oct. 17th.

Fibroid Tumor of the Middle Ear.—Dr. C. W. Trueheart, of Galveston, Tex., reported the following case at the meeting of the Texas Medical Association: Laura O——, fifteen years of age, had been subject for over five years, with occasional intermissions, to deep-seated pain and distressing tinnitus in the left ear, accompanied with deafness and a slight discharge. The girl had acquired the faulty articulation, listless manner, and vacant expression of countenance induced by long-continued deafness in the young. On the left side she could hear the watch only when it was firmly pressed against the ear, and the ordinary voice at a distance of two feet. The tuning-fork placed against the head was heard with very slightly more distinctness on the left side than on the right. The Eustachian tube was completely closed. The drum membrane was of a dusky red color, somewhat thickened and irregularly sunken, with a perforation the size of a large pinhead, through which pus was oozing, a little behind the handle of the malleus. On the right side the watch was heard at two inches, and the voice at six feet. The drum membrane was somewhat depressed, the light spot was indistinct, and the Eustachian tube was partially open. There was catarrh of the posterior nares. Treatment appropriate for catarrhal otitis media was adopted, with decided benefit to the right ear, but without any noticeable effect upon the left. A more careful examination now revealed a slight and uniform bulging of the postero-inferior portion of the drum, and a smooth, pale, red body could be seen and felt by the probe through the perforation. The opening having been enlarged, a fibroid tumor of cartilaginous hardness was seen, attached by a broad base to the inner wall and filling up the postero-inferior half of the tympanic cavity. An attempt was made to remove it by the snare, but after cutting half or two-thirds of the way through the base the wire broke. The tumor was afterwards seized with the toothed forceps and twisted off. The base was then repeatedly cauterized with fuming nitric acid every two to five days until the last vestige of the tumor had disappeared. An attempt was now made to secure the closure of the membrana tympani by touching the edges frequently with mitigated nitrate of silver fused on the end of a fine silver probe. This was successful beyond expectation, and the membrane was finally restored to its integrity. At the end of three and a half months the patient returned to her home much improved in general health, expression of countenance, and articulation. On the right side the watch was heard at fourteen inches, and on the left at eighteen, while the hearing for the voice was normal, and the tinnitus had entirely ceased.—*N. Y. Med. Record*, Oct. 10th.

Auditory Disturbances Caused by Exposure to the Discharge of Firearms.—Dr. Boucheron, of Paris (*Revue Mensuelle d'Otologie*, etc.), has examined into cases of aural compression in adults, caused by the detonation of firearms. It is stated that very often the surgeon meets cases of deafness in those who have been using firearms. In such cases it is held that at the moment of the accident—*i. e.*, at the moment of the impact of air from the concussion upon the membrana—there is an obstruction in the Eustachian tube. The concussion of the surrounding atmosphere induces sudden compression of that enclosed in the drum-cavity, and, secondarily, a compression of the nerves in the labyrinth. If the lesion be slight, the hardness of hearing is transitory; if it be more intense, the nerve-filaments are destroyed and the hardness of hearing is permanent. In those individuals exposed to analogous noises, such as boiler-makers, similar accidents are met with, but only where there is obstruction to the Eustachian tubes from precedent catarrh.

A prophylactic measure recommended consists in advising boiler-makers, artillerists, and those similarly exposed to great noises, to make efforts at deglutition (which tends to open the Eustachian tubes) before being exposed to violent noises or explosions.

The curative treatment consists in inflating the tympanum, in order to restore the membrana tympani to its normal position and thus put an end to the compression.—*N. W. Lancet*, Oct.

Test for Hearing.—Dr. Jos. Gruber (*Monat für Ohrenheilkunde*), referring to Rinné's experiment as to the comparative facility in the conduction of sound through the air and through bone under normal conditions, and to his statement that the sound of the tuning-fork is heard at the meatus after it has ceased to vibrate on the vertex, suggests the following experiment as an additional test of hearing: When the tuning-fork (held before the ear according to Rinné's experiment) has become inaudible, place one finger upon the meatus of the ear to be examined, in such a way that the finger loosely closes the passage. Now place the tuning-fork against the finger closing the ear, and the sound is again heard, and continues for a longer or shorter time. When the tuning-fork has ceased to vibrate on the finger, it is again heard through the air, the stronger in proportion to its nearness to the meatus. Gruber explains this on the ground that the sound from the tuning-fork touching the finger in contact with the walls of the external auditory meatus is conducted to the labyrinth better than by contact with any other portion of the skull, such as the teeth. Gruber thinks that this method will be of service in detecting cases of one-sided simulated deafness.—*Medical Chronicle.*

Peroxide of Hydrogen in Purulent Otitis.—Dr. William A. Dayton says, relative to the use of peroxide of hydrogen in suppuration of the ear:—A spray of a four-per-cent solution of the peroxide has had an almost magical effect in a case of ozæna complicated with "proliferous catarrh of the middle ears. It will be observed that the stronger solutions induce local anæsthesia often in a marked degree. This is certainly advantageous, not only in the event of operative interference, but also in doing rhinoscopic work; besides, I have noticed that cocaine acted more promptly after the mucous membrane had been cleansed with the peroxide.

The above is but a hint at the various applications of this agent, should it meet the expectations of interested workers. Even though no curative results are obtained in the experience of others from the peroxide *per se*, it *will* be found to be a most marvellous cleanser; and, if cleanliness is *the* desideratum in middle-ear suppuration, then we have a servant *par excellence* in the peroxide of hydrogen.—*London Practitioner.*

Temperature of the Ear in Health and Disease.—Dr. B. Flinter gives the results of a large number of studies of the temperature with a thermometer especially constructed for this purpose.

Daily measurements of the temperature in the course of inflammation of the ear, show that the temperature of the latter stands in a constant relation to the general temperature of the body. Therefore, in ear affections the local measurements not only may be substituted for, but even must be preferred to, measurements of the temperature in the rectum and axilla.

The same may be asserted in regard to ear affections complicated with pneumonia, erysipelas, and other diseases.

In cases of ear affections complicated

with morbid processes in the cranial cavity, or even on the surface of the skull, the temperature in the meatus sometimes stands higher than in the rectum. Hence, the measurements in the ear-canal give us a clearer indication of the morbid process in the head than the rectal measurements, and are preferable to the latter beyond comparison.—*London Med. Record.*

Furuncle—Heat Externally.—In a case of furuncles in the external auditory canal, a small block of pine wood heated very hot upon the stove, wrapped in flannel, and held against the ear, gave more relief from pain than morphia or irrigation with hot water.—*Cincinnati Med. Jour.*

Syphilis as a Factor in Ear Disease.—In a paper presented to the Section on Otology of the British Medical Association, Mr. Edward Woakes draws attention to syphilis both as an origination and modifier of ear disease. He says that in cases where there is a persistent otorrhœa, proper treatment, however, having been instituted, the persistence is caused by a limited spot of caries, and the sulphurous-acid treatment will eradicate it. If the caries is syphilitic, the acid treatment has no effect. The lesion in these cases is symmetrical, that is, there is a corresponding lesion in both ears. Constitutional treatment, complete cleanliness, and insuffiation of iodoform is the treatment to be instituted in these cases.—*British Med. Jour.*, Oct. 3d.

Epilepsy and Ear Disease.—According to M. Boucheron, epilepsy may occur in consequence of various diseases of the ear, such as tubo-tympanic catarrh, otorrhœa, or lesions of the mastoid process or labyrinth. Convulsive attacks of this nature may be observed in childhood or in adult life. The prognosis is favorable, but relapses may occur coincident with relapses of the ear disease. The precursory symptoms of an attack are increased deafness, vertigo, a sensation of pressure within the ears, etc. It would thus appear that in man, as in the lower animals, the ear may be an epileptogenous region, excitation of the auricular nerves producing convulsive attacks.—(*Revue méd.*) *N. Y. Med. Record*, Oct. 24th.

Naso-Pharyngitis Affecting the Ear.—Dalby, in the new, third edition of his "Lectures on Diseases and Injuries of the Ear," has added a chapter on the morbid states of the nose and throat affecting the ear. He treats this dry nasal and pharyngeal catarrh by syringing with the alkaline solution and by the application of a very weak ointment of the yellow oxide of mercury and vaseline, applied through the nostrils with a small camel's-hair brush. —*Cin. Lan. and Clin.*, Oct. 24th.

Acute Earache.—Mr. Hewetson, of Leeds, recommends the slow injection of "glycerinum acidum carbolicum" into the external auditory meatus as a remedy for earache. It invariably stops the pain if poured carefully into the meatus.—*N. Y. Med. Record.*

Diagnosis of Earache in Children. —An intense, almost continual cry, bespeaking great pain, denotes otalgia; or middle or external otitis, if the child moves its head restlessly on the cushion and puts its hands often to its head.—(Politzer: *Jahrb. für Kind.*) *Western Med Rep.*

DERMAL.

Solutions in Place of Ointments.—We would direct the attention of pharmaceutists to the desirability of producing, in place of ointments, solutions of definite strength in appropriate menstrua. Ointments are liable to many objections: apart from the difficulty of applying them in a satisfactory manner, they become rancid, and from exposure in many cases they lose their efficacy. We have made a great stride in the treatment of scabies by the substitution of a solution of sulphide of calcium for the old sulphur ointment, on which we wrote in the *British Medical Journal*, Feb. 9, 1884, p. 260. We believe more might be done in the same direction. Solutions are more elegant and more effective. We notice another step towards this change. The treatment of tinea tonsurans is at all times tedious and troublesome; ointments are not useful remedies in this complaint. Dr. Harrison (Bristol) suggests an aqueous solution of mercuric chloride. He softens the hair with liquor potassæ, containing iodide of potassium, and then, when the hairs are in a softened condition, the mercuric solution is applied, and thus coming in contact with the iodide, an important chemical action is set up by iodide of mercury being formed. We commend this method to the notice of the profession,

and our suggestion to those who supply us with our pharmaceutical preparations.—*Provincial Med. Jour.*, Oct.

Cutaneous Eruptions in Cholera.—Dr. A Montefusco, of Naples, has published a monograph, treating of the cutaneous eruptions observed in the different stages of cholera. In the prodromal stage the author noticed several forms of eruption, but principally urticaria. This was seen more frequently in women than in men, and particularly in those who had suffered from great mental disturbance—fear of the disease, violent anger, and the like. It was preceded by an intense itching, and it lasted from a few minutes to several hours. Another form observed in the prodromal stage was erythema. It was seen in patches here and there over the face, upper extremities and trunk. The eruption appeared usually simultaneously with the first symptoms of the disease, but was of no prognostic value as regards the mildness or the severity of the attack. In one instance the writer observed in the algid stage a number of small pustules, some diffuse and some confluent, which caused the patient great discomfort, but which disappeared gradually as reaction progressed. It was, however, in the stage of reaction that the greatest variety of eruptions was seen. Most commonly maculæ were noted, of a pale red color, disappearing usually on pressure, and scattered irregularly over the entire body. This eruption faded away on the third or fourth day. Sometimes these maculæ, especially on the extremities, were converted into pustules, and then the eruption disappeared much more slowly. Urticaria was very common and spared no portion of the body, appearing sometimes under the form of maculæ and sometimes as wheals. In two cases the eruption began in the scars resulting from the hypodermic injection of ammonia, and it remained confined to this neighborhood. After urticaria the most frequently observed lesion was acne, which prevailed in individuals of somewhat advanced age, and especially in women. This acne was located chiefly in the limbs, and appeared in the form of small red nodules, painful on pressure, lasting from three to five days. In cases in which the reaction was incomplete and irregular, and in which a typhoid condition supervened, the cutaneous manifestations were very numerous, appearing frequently from the seventh to the ninth day. Besides the forms above mentioned were seen hemorrhagic spots, with or without a previous urticaria, phylctenoid, erysipelas, erysipelatous zones formed around the points of injection of the ammonia, or eruptions resembling those of measles or scarlatina. The eruption of measles was seen during the period of subsidence of the epidemic, and was manifested chiefly in young girls or female infants. In two cases a scarlatiniform eruption was noted, and in one it was associated with petechiæ. In some individuals there was an eruption of papules, passing into pustules, and ending with the formation of large crusts which persisted for a long time. As to the prognostic value of the cutaneous eruptions, Dr. Montefusco observed that the patient usually recovered when the eruption appeared in the prodromal stage or in normal reaction, but that when it was hemorrhagic or when it made its appearance in a stage of incomplete or typhoid reaction, the result was invariably fatal. In the morbillous eruption the prognosis was favorable.—(*Lo Sperimentale*, No. 6, 1885) *N. Y. Med. Record*, Oct. 3d.

White-Lead Paint for Erysipelas.—As a means of rapid cure, Dr. Daniel Lewis thinks that nothing compares with white lead. Pure white-lead paint of the shops is likely to dry too slowly, and he tells the painter to add some dryer, as in ordinary painting, which in no way changes the effect of the application.

The paint should be thicker than for ordinary use. It peels off readily when desquamation begins, even from the head, where he has often applied it.

Several instances of especial interest are noted. A man whose right ear was completely involved, was relieved at once of the burning pain, and recovered without a second application. The same rapid results have been obtained in his practice when the disease involved the nose, face, and various other parts of the body.

Being hastily summoned to a patient who was attacked with facial erysipelas, he found that the disease began thirty-six hours previously, and had rapidly spread over the entire face. The temperature was 103° in the axilla, and the pain was severe. The husband was a painter, and had the white-lead paint and dryer in the house. It was thoroughly applied over the face,

and they were requested to report the condition of the patient on the following day. They failed to do so, and months afterwards, when visiting a patient in the same family, he learned that the single application cured the disease.—*Four. Cut. and Ven. Dis.*

Hypodermic Injections in Anthrax.—Olavide (*L'Union médicale*, September 26, 1885) recommends as a hypodermic injection in anthrax:

℞ Acidi carbolici . . . . . f. ʒ i ½.
Alcoholis . . . . . f. ʒ iiss.
Aquæ dest. . . . . f. ʒ iv. M.

At the beginning of the disease injection at the base of the tumor should be made with the solution. Pain is diminished, the swelling diminishes, and the fever is diminished and disappears entirely the third day.

By continuing the injections and covering the diseased surface with lint soaked in the same solution, there occurs, according to Olavide, resolution of the anthrax about the eighth day.—*Phila. Med. News*, Oct. 17th.

Saponiments or Opodeldocs.—Under the title "Saponiment" a new preparation has been brought into notice by a Dresden chemical firm, upon the suggestion of Dr. Letzel, chief of a private clinic for cutaneous diseases and syphillis. As its name implies, it is a soap liniment (opodeldoc) analogous to the oleates, but is intended to supplant the medicinal soaps, which have the disadvantage of losing their medicinal properties when washed off the surface. These saponiments* are said to be especially indicated in dry, chronic affections and parasitic diseases of the skin. Thus several varieties of saponiments are made: s. carbolisatum, s. picis liquidæ, s. styrax, iodoform, chrysarobin, opodeldoc, etc.—*Cin. Lancet and Clinic*, Oct. 17th.

Rodent Ulcer.—Mr. Gilbert Barling contributes a paper on the pathology and treatment of rodent ulcer, which contains several points of practical importance. Where the ulcer is not too extensive he recommends that free excision should be used, and as much care should be taken to cut into healthy tissues as in other epitheliomas. His pathological studies have shown him that the tissues are infected at some little distance from the edge of the ulcer, and it is probable that the disrepute into which the operation as a remedy for this disease has fallen is because recurrence has speedily occurred from the fact that excision has been sparingly performed. Where excision is impracticable the use of Volkmann's spoon and sulphuric acid are useful to some extent in checking the disease, but this should not be used when removal may be done.—*Birmingham Med. Rev.*

Burns.—Dr. Altschul thinks that burns and scalds of every degree and extension ought, under proper treatment, to heal without suppuration. For burns of the first degree he recommends cotton pads saturated with argillaceous earth; for burns of the second and third degree he prefers iodoform to all known ointments or other applications (including also ol. lin. cum aq. calc.). The so-called Unna's paste is the choicest manner of prescribing iodoform for burns. The formula is:

℞ Bol. alb.,
Ol. lin. sive oliv., āā 30.0 grm. (450 grs.).
Liq. plumbi subacet., 20.0 grm. (300 grs.).
Iodoform, 8.00–16.0 grm. (90–180 grs.).

In preparing this paste the bolus is first to be mixed with the linseed oil (or olive oil), as otherwise Goulard's extract would unite with the bolus and form an insoluble mass. The paste is to be applied with a spatula, and the part carefully dressed with oil-silk and the usual bandages. Altschul claims to have obtained excellent results with this treatment.

We do not doubt the efficiency of Unna's paste, and rather believe it to have advantages over the usual applications, though the comparative greater ease and quickness with which the latter can be obtained will always sustain their popularity.—*Therap. Gaz.*, Oct.

Naphthaline for old Ulcers.—Dovodtchikoff in *Vratch* says that no treatment so soon heals up old ulcers of the leg as powdering them thrice daily with naphthaline. The ulcer should be covered with oil-silk, and the old dressing should be washed off before each fresh application.—*St. Louis M. and S. Four.*

Antimony in the Treatment of Psoriasis.—Mr. James Mason says that in some of the most inveterate cases antimony "acts like a charm," causing a rapid dis-

*If intended to form the basis of a new class of external agents, perhaps a better name would be "saponates," analogous to oleates.—TRANS.

appearance of the scaling. He alludes to the case of a man whose face and head became almost entirely free from scales after a week's use of five-minim doses of wine of antimony. The author adds that the antimonial treatment of psoriasis has been practised for several years by Dr. Cavafy, of St. George's Hospital, London.—*Glasgow Med. Jour.*, Oct.

Cutaneous Administration of Salicylic Acid.—In view of the fact that salicylic acid will sometimes derange the functions of the stomach, when its use per orem is interdicted, it is well to know that Dr. Randolph and Mr. Samuel S. Dixon call attention to the fact that when salicylic acid is applied to the uninjured skin, rubbed up in a thin paste with olive oil, the drug is absorbed, and its presence can be demonstrated in the urine. In some of the six cases reported in which this method was used with relief, with one exception, twenty grains of the acid were rubbed into a paste with olive oil, and gently smeared in each axilla. In another case the acid and oil (℥ ij. to ℥ j.) were spread upon absorbent cotton, and the whole gently wrapped around the knee.—*N. Y. Med. Jour.*

Veratrum a Sedative to the Skin.—Dr. J. M. Griffin, Abbott, Texas, writes: Prof. Bartholow's lotion for itching of the skin signally failed in a case in the hands of a neighbor physician recently, as also several prescriptions from other physicians. When called on I prescribed veratrum viride in three-drop doses three times daily, which completely cured in a few days. Veratrum is a true sedative to the skin.—*Med. World*, Oct.

Alopecia.—For alopecia, Prof. Gross, among other things, advises that the hair be shingled, then head cleansed with—

℞ Saponis viridis . . . . . ℥ ij.
Aquæ Cologniensis . . . . f. ℥ iv. M

Sig.—As a wash every third night, then use several times daily—

℞ Tinct. cantharid. . . . . f. ℥ iss.
Tinct. capsici . . . . . gtt. xx.
Glycerini . . . . . f. ℥ ss.
Aquæ Cologn. . . . . f. ℥ j. M

—*Col. and Clin. Record*, Oct.

Malarial Urticaria.—Dr. R. De Luca, in a monograph upon the affections of the skin, due to the action of the malarial poison, relates three cases of urticaria in which there was no fever present, but which were evidently due to malaria, and which were promptly cured by the exhibition of quinine.—*N. Y. Med. Record*, Oct. 10th.

Pimples.—Dr. Piffard claims that the bromide of arsenic is a sure cure for pimples. He gives one or two minims of a one-per-cent solution in a wineglassful of water on an empty stomach, three times a day. As the pimples disappear, diminish the dose.—*Chicago Med. Times*, Oct.

TOXIC AND HYGIENIC.

Poisoning by the Berries of the Black Alder.—Dr. O. Petersen writes to the *St. Petersb. Med. Woch.* warning the profession against the popular idea of the entire harmlessness of all parts of the black alder (Rhamnus frangula), the bark of which is largely used both by medical men and the laity as an aperient. Dr. Petersen was sent for recently to a village near Strelna, to see a boy eleven years of age, who five cr six hours previously had eaten a quantity of the berries of this tree. He had first complained of headache and vertigo, and then had completely lost consciousness, and when the doctor arrived was suffering from such severe clonic spasms that it required three persons to hold him. The pupils were dilated, equal, and sensitive to light; the pulse was rapid, small, and scarcely perceptible; and the respiration could hardly be detected. A little wine was rejected. Cold affusion was applied to the head, and after this the pulse improved, the respirations became stronger, and the muscular contractions less frequent. Enemata were then given, but on account of the paralyzed condition of the intestine they were retained, the sphincter not having lost its contractility. The cold douches were repeated every ten minutes, and ether given internally. In about three-quarters of an hour consciousness returned, and a copious stool was passed containing numerous portions of the berries and bits of their stones. By means of warm-water draughts and ipecacuanha emesis was produced, and a quantity of berries brought up. After this the patient recovered rapidly, and slept well at night. The next day he complained of pain in the epigastrium, and presented a furred tongue, with all the symptoms of acute gastric catarrh. In a few days, however, he was as well as ever. The poison (prussic acid)

evidently is confined to the stones of the fruit, many of which the boy had cracked. —*London Lancet*, Oct. 10th.

Acute Foxglove-Poisoning—Milk.—J. B. Sullivan, M.D., Stanton, Mich., writes: Nearly or quite *three* drachms of the fluid extract of digitalis was taken through mistake by a man nearly fifty years old. Vomiting, induced with mustard, warm water, and other emetics, was kept up for one hour. During this time patient said, "I have not tasted the digitalis." He was told by his attending physician, "You are past all danger." His friends were not content, and had sent for me; I got there about thirty minutes after his M.D. (?) had left. I found the man very weak, with every symptom of fatal poisoning. I learned what had been done; therefore I saw at once something must be done, and that promptly. The patient was very pale, skin cold, and apparent muscular feebleness, with great prostration, confusion of sight, headache, and giddiness; dilatation of the pupils, and almost complete loss of their sensibility. For the last half hour he had vomited only the warm water given him. I ordered a half-pint of sweet milk to be drunk at once. In about ten or fifteen minutes I induced vomiting; up came the *curdled* milk, with a strong scent of digitalis to me, and a strong taste of it to the patient; for, said he, "That is the first taste of the digitalis I have had since I swallowed it." I gave the same amount of milk three different times; induced vomiting each time. The smell and taste of digitalis came each time except the last. The next day nearly all bad symptoms were gone. During the next week his voice was quite hoarse. My view of the milk treatment as an antidote for vegetable liquid poisoning is, *the milk goes into the stomach a liquid*, then forms into a curd, which picks up the poison, then by vomiting the poison is brought up. Patient relieved and life saved.—*Therap. Gaz.*, Oct.

Leprosy in Chinese Laundries.—The propagation of leprosy through the medium of clothing laundried in Chinese establishments, should prove a suggestive topic. It seems probable that there exist in more than one of our Western cities Chinese who are suffering from this disease in its various stages, and we have reason to suspect that these very ones are actively engaged in laundry work, thereby proving a source of danger to large number of people. We are aware of the diversity of opinions regarning the etiology of this disease, and of the strong arguments for and against this method of propagating the affection. The weight of opinion goes to establish the fact that leprosy is transmitted by one of two ways, namely: by heredity or inoculation. We see no reason why this new source of infection should not be included under the latter classification, as clothing handled by those suffering from the ulcerative form of the disease must of necessity be rendered dangerous to the wearer, especially if the latter have any abrasions of the skin or any cutaneous affection. The health officers of every city cannot be too particular in the enforcement of laws for the restriction of such a disease.—*New Eng. Med. Mo.*

How to Disinfect Infected Dwellings.—The following method of thoroughly disinfecting a room in which an infectious disease has existed is reported in the *Centralbl. f. Chirurgie*, No. 12, 1885, by Prof. Rönig, who has successfully employed it for twenty years.

The windows of the infected room having been closed tightly, 50 or 60 grammes (1½ to 1¾ oz) of corrosive sublimate are placed on a small shovel on burning coals; after that the person leaves the room immediately and closes the door. The sublimate evaporates rapidly and exposes the room to its vapors for three or four hours. Then the door is to be opened, and, covering nose and mouth with a piece of cloth, the person re-enters, opens the windows and closes the door again. The room having been thus ventilated for several hours, the possibly remaining sublimate vapors are to be rendered harmless by the burning of sulphur in the closed room. After repeated ventilation the room may again be occupied.—*Therap. Gaz.*, Oct.

Disinfection with Chlorine.—Chlorine is a good disinfectant, and is often made use of in the interior of buildings, as in consequence of its gaseous form it may penetrate the easier every corner and cleft. Dr. Kowalsobsky (*Russk. Med.*, 45, 1885), however, has investigated the action of chlorine, and made an interesting discovery. He found that chlorine by no means has an equal effect upon every article and every part of the room in which it is used. While, for instance, every thing metallic

showed the action of chlorine upon it, that part of a key within the keyhole evinced no sign of it. Pieces of metals pushed between books remained unaltered; the same happened with the wires inside of a piano, and a narrow blade of metal partly stuck into the upholstering of a sofa was acted upon by the chlorine only in its outer part. He further found that moths and roaches did not show the least influence of chlorine. It seems, therefore, that this gas does not penetrate into every corner of a room, and that it, therefore, cannot be relied upon as a safe disinfectant, unless the mode and manner of its application be decidedly changed—a very important observation.—*Med. and Surg. Rep.*, Oct. 17th.

Kissing From a Medical Standpoint.—A correspondent in our valued contemporary, *Babyhood*, of September, 1885, justly condemns the custom, quite usual with some mothers, of compelling children to kiss people promiscuously. The sensibilities of children are very acute, and it is not surprising that they should often strenuously object to promiscuous osculatory exercises. It is enough to make even a young child lose all faith in human nature to be compelled to kiss some people. And apart from the physical objections to the habit, there are moral objections to it. If the child objects, it is a species of cruelty to compel it to kiss; and if it does not object, it may become so wedded to the habit as possibly to entail serious moral or physical consequences in after life.

We say "physical consequences" with good reason; for besides such a sore accident as rupture of the membrana tympani, which has resulted from a kiss on the ear, loathsome and deadly diseases may be communicated by kissing. Any one of the contagious or infectious diseases may be so communicated, and there are certainly numerous cases on record in which diphtheria and scarlatina have been traced very directly to a kiss. How is a mother to know but that the person who kisses her child has some specific affection, that there are specific buccal lesions, which may be the direct cause of a lifetime of misery to her child, or an early and horrible death. From her standpoint, therefore, that compulsory kissing is disagreeable to the child, the correspondent of *Babyhood* is in the right, but, as we have shown, it is doubly wrong, in that it may, after the disagreeable act is finished and perhaps forgotten, entail the most serious consequences.—*Jour. Am. Med. Ass'n.*

Poisonous Plants.—Prof. Rothrock says that plants may be poisonous by one's proximity to them, by touching them, or by being taken into the stomach. The manchineel of the West Indies is nearly as poisonous as the fabled upas tree of Java. Plants containing acrid or poisonous properties come largely from the tropics. This is true of spices also; while, on the other hand, the plants of the polar regions are deficient in these active qualities. One of our most popular groups of plants is the buttercup, but many of these are sufficiently acrid to produce blisters when applied to the skin. The poisonous sumac is probably the most dangerous of all our plants, which poison by proximity.

Avoid all sumac which has not red berries, and you will be safe from poison. The common horse-chestnut fruit is used in Europe as food for horses and cattle, but the small horse-chestnut of the South, the "buckeye" is claimed to be poisonous. The laburnum or gold chain, which grows twelve feet high in our gardens, is exceedingly dangerous, as its roots, which taste like licorice, are apt to tempt children to chew it. On one occasion fifty-eight children were poisoned at the Forest Hill School, in England, by eating it. Among other plants named by Prof. Rothrock as containing, in a greater or less degree, poisonous qualities, were the water hemlock, digitalis, aconite, and the common pokeweed.

Dr. Darlington states that he has known pies to be made of the pokeberry and eaten without injurious results, while, on the other hand, a Southern physician has known evil consequences from eating pokeberries.—*Med. and Surg. Rep.*, Oct. 10th.

Alkaloids in Old Flour.—It is asserted that flour kept in sacks undergoes in the course of years certain changes attended with the production of alkaloids. In order to prove the point the flour is first treated with ether. The ethereal product is evaporated to dryness over a sand bath, when a fatty matter remains, which is acid, exhales a penetrating and disagreeable odor, and has an acrid taste. This product is treated with a little hot water, and allowed to remain for a few minutes over the sand

bath. In the cold decanted water alkaloids may be recognized on glass slides by the appropriate reagents (double iodide of mercury and potassium, ferro-cyanide of potassium, and perchloride of iron). The reactions may be obtained with flour that has been ground from a year to eighteen months; they are more marked with flours from two to three years old. The extract, administered to sparrows, causes death with all the symptoms of poisoning. The same methods fail to extract alkaloids from recent flours. M. Ballaud, who is responsible for the above-mentioned examinations (*Journal de Pharmacie et de Chemie*, No. 8), believes that the alkaloids are formed in consequence of the acidity of old flour during the transformation of gluten under the influence of the natural ferment of wheat.—*London Lancet*, Oct 24th.

PARTURIENT.

Premature Rupture of the Membranes.—Dr. Ralph M. Cole, of Idaho Springs, Col., relates the case of a married woman, twenty-eight years of age, who sent for him to assist her in her fourth confinement. Her previous labors had been easy and normal. She expected to be confined about the middle of September, but on August 28th the membranes were ruptured spontaneously and about a quart of fluid escaped. From that time until September 8th there was an intermittent flow of the waters, but the patient had no pains or any thing resembling pains, though the movements of the child could be distinctly felt. An endeavor was made, after the bag of waters had burst, to bring on labor by the application of hot poultices to the abdomen and the internal use of quinine in doses of three grains thrice daily, but as these measures had no effect the attempt was abandoned. Finally, on September 8th, eleven days after the membranes had broken, labor began and delivery was accomplished with the forceps. The child was alive. Dr. Cole adds that the dose of quinine given may seem very small, but that it is necessary to observe great care in the use of this drug in high altitudes, and even this small amount which his patient took caused headache and ringing in the ears.—*N. Y. Med. Record*, Oct. 3d.

New Cause of Abortion.—In *Vratch* Dr. Vodiagin tells of two young and apparently healthy women who had repeated abortions without any assignable cause. One of these women, after aborting in five consecutive pregnancies, within the period of six years, finally passed a tapeworm—bothriocephalus latus. The other aborted twice within two years, and after the second abortion was relieved of a tænia armata (solium). Shortly after the passage of the worms both women again becoming pregdant, carried to full term and were happily delivered. Vodiagin thinks that this is not a simple coincidence, but that the worms were in each instance the direct cause of miscarriage. When we reflect on the effects frequently produced by purgatives, by hepatic and nephritic colics, and other disturbances of the abdominal viscera, we admit that there is a certain degree of rationality in Dr. Vodiagin's hypothesis, though it would require more than two such cases to cause one to accept the theory as proven.—*St. Louis Med. and Surg. Jour.*

Should Arsenic be Administered to Nursing Women?—The question whether an infant at the breast can be poisoned by its mother's milk, when the latter has taken a large quantity of arsenic, recently came up in a medico-legal case in Paris. Dr. Brouardel was called upon to investigate a case where an infant had died suddenly, and the father was suspected some six months afterward of having attempted the mother's life. The child's body was exhumed and found completely transformed into adipocere, so that the viscera could not be separated from the other part. An analysis *en bloc* was therefore made. The body weighed six and three-fourths pounds, and contained nearly a twelfth of a grain of arsenic. It was decided that this quantity could not have been derived from the clothing or the soil. To decide in what proportions, if at all, arsenic is eliminated by the milk, Fowler's solution was administered to wet-nurses in doses ranging from three to twelve drops. It was found that the milk contained a comparatively large quantity of arsenic after these doses had been taken for several days. As much as one-sixty-fourth of a grain could be obtained from about three ounces of milk. Experiments on animals, to determine the effects on the milk of one large dose, were not very conclusive, but it was shown that arsenic in these cases was

constantly eliminated by the lacteal glands. The greatest care should, therefore, be exercised in giving arsenic to nursing women.—*N. Y. Med. Record*, Oct. 24th.

Emphysema of the Cellular Tissue, Due to Labor.—The record in the *Journal* of a case of "Emphysema of the Cellular Tissue Due to Asthma," has induced me to send a note of a similar condition, arising, however, from a different cause, which has occurred recently in my practice.

On October 1st, I attended Mrs. H. during her confinement. The labor, though somewhat tedious, was not unusually so for a primipara. Towards the end of the second stage, the patient complained of pain in her throat, which was attributed to the powerful manner in which she exerted her buccinator muscles, in her wish to aid uterine contractions by the help of the accessory muscles of respiration. The labor was duly completed, and, the complaint not being renewed, no further heed was paid to it. Next morning, however, on visiting her, a markedly emphysematous puffing was observed on the right side of the neck, and crackling sensations were readily felt also, on the left side of the neck, as well as over an area of the upper part of the chest, limited on both sides by a line drawn from the outer part of the clavicle to the junction of the third costal cartilage with the sternum. Examination of the cavity of the mouth revealed, about the middle of the right cheek, a small surface denuded of mucous membrane, with surrounding emphysema. Doubtless this denuded surface permitted the passage of air into the cellular tissue of the parts above mentioned. The condition gradually improved, and has now altogether disappeared.—(James Hunter, M.B., South Queensferry.) *British Med. Jour.*, Oct. 24th.

Puerperal Septicæmia, Especially with Regard to Prophylaxis and Etiology.—Dr. George T. Harrison, of New York City, read a paper on this subject at the Med. Soc. of Virginia: Without a wound somewhere along the genital tract, puerperal septicæmia does not exist. In the puerperal woman, the conditions for the rapid development of the pathogenous fungi are most favorable. Contrary to general opinion, Gusserow has shown that there is no connection between puerperal sepsis and erysipelas, and that the micrococci of erysipelas cannot produce pathological changes identical with septic processes. The pathogenous fungi affect the organism immediately, while putrefactive germs do so indirectly by their influence on decomposable matters always present in puerperal women. An autogenous or autochthonous infection is an impossible thing. The characteristic features of non-pathogenous infection are: (1) the late appearance of the fever; (2) the slight participation of the general condition; and (3) the existence of local morbid substrata.

The principles of prophylactic treatment consist in pure air for the lying-in woman, the careful avoidance of introduction of infectious matters into the genital passages, and the thorough disinfection of the genital tract. The physician's and midwife's hands, instruments, etc., should be disinfected before using about a puerperal woman. During the pregnancy, especially if there be any puerperal fever epidemic, the woman should frequently wash her external genitals with soap and water, and afterwards with boracic-acid solution.

In tedious and complicated labors, where frequent examinations have to be made, or instruments used, injections are strongly indicated. Sometimes putrefactive decomposition of the uterine secretions occurs before labor ends. In such cases, complete the labor as speedily as possible, and thoroughly disinfect the genital tract by intra-uterine injections of carbolic acid or mercuric bichloride. Wash the external genitals three or four times daily, and disinfect once a day by carbolic acid or mercuric chloride solution. Close all lacerations of the perineum and vagina under strict antiseptic precautions, as the continuous catgut suture. Iodoform dusted over the raw surface favors union. A powerful contraction and retraction of the uterus greatly help in securing immunity from invasion of putrefactive bacteria; hence the value of Credé's method in expelling the placenta.—*Phila. Med. News*, Oct. 3d.

Induction of Premature Labor by Electricity.—Dr. J. Syromatnikov, writing, in the *Vratch*, on the induction of premature labor by means of electricity, mentions three methods: the external, where one electrode is placed on the sacral region, and the other over the uterus; the internal, in which both electrodes are intro-

duced *per vaginam;* and the combined, where both the former methods are made use of. In principle, the author prefers the internal method, but, in the case which he gives, he made use of both external and internal methods. The patient was twenty-six years of age, and had so contracted a pelvis that perforation had been resorted to in her first labor; so the author, thinking it unsafe to allow her next pregnancy to run its natural course, proceeded, in the thirty-seventh week, to bring on labor by the use of the primary coil of a Sparner's induction-apparatus, with a single element. This produced pains in an hour's time; during the next few days the electricity was employed for ten minutes at a time, twice daily. Within a week the os uteri was sufficiently dilated to permit of the introduction of the No. 1 size of Barnes' bags. Podalic version was performed, and a living, healthy child extracted. The patient recovered satisfactorily. The author thinks faradisation is but seldom used for the induction of labor, but he mentions three cases previous to his own, two by Gruenewaldt, and one by Tipyakoff.—*Brit. Med. Jour.*, Oct. 3d.

Treatment of Extra-Uterine Pregnancy with Electricity. — Dr. Henry G. Landis remarks that it may be regarded as proved that electricity in some form is a specific cure for extra-uterine pregnancy. It arrests the growth and destroys the vitality of the embryo and cyst, and its use is followed by a truly remarkable disappearance of all or the greater part of the growth in a short time. This at least is true when the electricity is used during the first half of the pregnancy. As we approach the period of viability in the child the risk of rupture of the cyst diminishes, and the propriety of surgical interference at or near term becomes greater. The great advantage of the faradic current over all other forms of electricity has been shown, but opinion is not yet settled as to whether we should use a local current for a long time or a strong current briefly, and how many repetitions of the application are necessary. To determine these points, Dr. Landis has conducted a series of experiments based upon the supposition that success is achieved by death of the embryo, the *specific* value of the method being that the fœtus will surely be killed if it gets a large enough dose of the current. The experiments are also based upon the supposition that the fœtus is in the matter of vitality to be compared with some of the lower forms of life. Dr. Landis draws the following conclusions: 1. In using the faradic current in extra-uterine pregnancy, the application should be protracted for an hour, if the patient can bear it. 2. The current should be repeatedly applied, in order that the vitality of the fœtus may be finally exhausted. 3. The current should be used in great strength for at least one sitting. 4. The current probably acts, not only by destroying the fœtus, but by its action upon the placental circulation; an additional reason for a long application.—*N. Y. Med. Jour.*, Oct. 24th.

Milk Diet in the Albuminuria of Pregnancy.—Dr. L. Swartwout, of Prospect, N. Y., was called to see a patient in the eighth month of pregnancy who was suffering from clear evidences of albuminuria. She was put under suitable treatment, and was restricted to milk diet. The general condition was much improved, and at the expected time the patient was delivered of twins. There were no signs threatening eclampsia during labor, and the woman is now doing well.—*N. Y. Med. Record*, Oct. 17th.

Puerperal Malarial Fever. — The treatment of malarial fever occurring in puerperal women, says Dr. George F. Andra, does not call for special consideration. Such complications as arise from the disturbance of the reproductive apparatus must be met appropriately, and may determine modifications of the general treatment; but a careful study of each case, and proper consideration of the relation of the several symptoms to the pathological conditions, will enable us to treat, not the disease as an entity, but a disturbed organism struggling to right itself and throw off the overshadowing malarial incubus.—*Med. and Surg. Rep.*, Oct. 31st.

Placenta Prævia.—Dr. E. G. Edwards has adopted a plan of his own, which he thus describes: When called to a case of placenta prævia near the end of pregnancy, when flooding is in progress, with the pains continuing, and the patient not too weak or exhausted, he separates as much of the placenta as he can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if

the os is not well dilated, and the pain continuing, to squeeze the detached portion between his fingers, or to press it firmly against the opposite side until the os dilates; then he gives ergot and ruptures the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage.—*Med. and Surg. Rep.*, Oct. 24th.

Chloroform in the Treatment of Post-Partum Hemorrhage. — Dr. F. F. Betz (*Memorabil.*) was lately led by Robinson's reports of the efficacy of alcoholic injections into the uterus to try the effect of inserting a sponge saturated with chloroform. Severe burning pain was at once produced in the whole parturient canal, but brisk uterine contraction supervened promptly, and the bleeding was stopped. In another case he pressed against the cervix a tampon moistened with a mixture of chloroform, sulphuric ether, and a little acetic ether. The same results followed. The styptic action, he remarks, is wholly due to muscular contraction, and not at all to the coagulation of blood.—*N. Y. Med. Jour.*, Oct. 24th.

GYNECIC.

New Treatment of Peri-Uterine Hæmatocele by Negative Galvano-Puncture.—At the meeting of the Association Française pour l'Avancement des Sciences, held August 1, 1885, MM. Apostoli and Doléris presented a paper, read by the former, upon the electrical treatment of the uterine hæmatocele by galvano-puncture. In an abstract of the paper forwarded by the authors, their views are expressed as follows:

The action of the galvanic current is contemporaneously favorable with its application, the diffluent and non-retractile, soft eschar of the negative pole being utilized, and its effect being limited to the point of puncture made by the trocar. This method of puncture, therefore, primarily permits the opening without danger of a morbid collection, more or less deeply located, and places it, on the fall of the eschar, in communication with the external, which, when it occurs, forms a fistula which is more or less permanent, contracting adhesions with the pathological cavity and the exterior (the skin or mucous membrane).

The first action, which is limited and localized as desired, varies with the strength and duration of the current used. The production of an artificial fistula has the double advantage of permitting, in the first place, the natural elimination of the contents of the sac and of opening a passage of variable calibre through which topical and antiseptic treatment may be applied. It may also be added that the cicatrices left by the negative eschars are non-retractile, and only slightly visible.

In addition to the first action, which is entirely surgical, a second and medical action results, entirely dynamic and trophic, and destined to modify the nutrition of the pathological collection (abscesses, cysts, etc.), and to produce a process of retrogression more or less rapid.

The general application of the continued current is tributary to this entirely medical application: when it is intended to cure muscular hypertrophy, to abort a commencing inflammation, to resolve a ganglionic hyperplasia, to produce the regression of a fibrous tumor, or one of the connective tissue, etc. In every case, though apparently different, the idea of intervention is identical; the current, the vehicle of chemical, mechanical, and dynamic action, will advantageously influence the nervous system, which regulates all nutritive changes, accomplishing this probably by multiplying the normal electrical currents which accompany all organic movement.

Under this conception, MM. Doléris and Apostoli introduced the electrical treatment of peri-uterine hæmatocele, and consider that this first step in therapeutic gynecology will soon be followed by others, and that perimetritis and chronic inflammation will be found amenable to the same treatment.

The following is a summary of the method to be pursued in the application of the current:

1. *Nature of the Intervention.*—This is ordinary puncture, followed by the *chemical galvano-caustic* action, which should always be *negative.*

The effects of the basic, non-retractile eschar should be utilized, which, subsequent to a variable loss of substance incident thereto, will produce a fistula which will be maintained for several days.

2. *The Location of the Puncture.*—This should be, as far as possible, in the centre

of the tumor, and the loss of substance be here produced, care being taken at the same time to avoid the uterus, the intestine, or any great vessel. Combined rectal and vaginal touch will reveal the situation of the respective organs, and the arterial pulsations will render apparent the seat of any great vessel which it is necessary to avoid.

3. *The Dose of the Operation.*—This should be as great as possible, the resulting fistula and eschar being directly proportionate to it. The ability to employ 100 milliampères is necessary and easily accomplished, inasmuch as the other pole (the positive in practice) is converted into an entirely negative pole, by the employment of potter's clay, which is soft and plastic, spread upon the surface of the electrode.

4. *The Duration of the Operation.*—This, like the dose or its intensity, should be regulated according to the loss of substance and the ulterior dynamic effect it is desired to produce; from five to six minutes will generally be a sufficiently long time for its application.

5. *The Time of Operation.*—This should be as early as possible, and every uterine hæmatocele as soon as diagnosticated should be punctured without delay, which in every case renders the prognosis more serious.

6. *The Number of Operations.*—A single galvano-puncture will generally suffice to obtain the desired therapeutic effect and the production of a sufficient fistula. If, by chance, the opening close too soon and the destruction of the sac is not complete, a second application of the current is permissible.

7. *The Technique of the Operation.*—The details of the operation which should be sedulously observed, are the following: Any pile which will produce a sufficiently intense current, which should be estimated by a perfect galvanometer, is suitable for the operation. The Léclanché pile is the best of medico-electrical cells. The trocar should be of moderate size, and should penetrate to a depth of from $\frac{3}{8}$ to $\frac{1}{2}$ of an inch. The indifferent pole should be a large cake of potter's clay placed upon the abdomen or thigh of the patient. The vagina should be protected by a glass or caoutchouc muff surrounding the trocar almost to its point.

8. *Steps Consecutive to the Operation.*—Strict antisepsis should be practised during the operation. The trocar should be heated preparatory and subsequent to the operation, and strong carbolic injections should be made twice daily into the sac, preceded by cleansing and sponging if possible.

9. *Complications.* — Puncture interfering with a great vessel may give rise to a serious hemorrhage, which should be controlled as rapidly as possible by the immediate introduction of, and forced dilatation with, Gemrig's speculum, maintained in position for a considerable time.

The authors of this valuable paper finally conclude:

1. That in this certain and safe method of treatment of uterine hæmatocele, the ordinary gravity of prognosis is much diminished, and a more rapid cure obtained.

2. That generally the tubular cauterization of Tripier (térébration galvano-caustique) has a twofold action, surgical and medical, as before explained.—*Phila. Med. News*, Oct. 24th.

Multilocular Ovarian Cysts.—All multilocular ovarian cysts, according to MM. Malassez and De Sinéty, are myxoid epitheliomata. If relapses are not frequent after ablation of these tumors, M. Terrillon believes that the explanation lies in the thinness of the pedicle and the paucity of lymphatics, conditions which imply a kind of isolation of the tumor. The recurrences may be ranged under two heads: first, those which recur in the cicatrix, pedicle, or peritoneum; and secondly, those which are found in distant organs. Histology explains the recurrence by showing that these epitheliomata may undergo sarcomatous or carcinomatous transformation. — *London Lancet*, Oct. 3d.

Modification of Emmet's Cervix Operation in Certain Cases, with a Case.—Dr. R. Stansbury Sutton, of Pittsburg, at the Amer. Gyn. Soc., read a paper in which he stated that, while the operation was original so far as he was concerned, he did not profess to be the only one who had performed it. Cicatricial tissue was found to a greater or less extent in every case of lacerated cervix which had lasted for any length of time. This was especially apt to be the case where nitrate of silver had been used in the treatment. The hardened tissue might be present in both lips, or it might be limited to one lip. The patient whose case was reported was operated on June 5, 1885. She was the mother of

several children. There was a double laceration of the cervix. The tissue of the anterior lip was hardened and hypertrophied, and the lip was convex from side to side, and also from before backward, so that by the ordinary method of operation correct coaptation could not be effected. The tissue of the anterior lip was as hard as cartilage. Ordinary denudation of the posterior lip was sufficient, and this was made, leaving the strip of mucous membrane somewhat wider than usual. The cicatricial mass involving the anterior lip was removed from border to border, completely denuding this portion of the cervix. The parts were then brought together in the usual way, and the result was excellent. The cervical canal readily admitted a sound, and the woman menstruated without difficulty. The speaker thought that there were cases in which nothing short of the complete removal of the cicatricial tissue would be sufficient.

Dr. Goodell had resorted to this device on more than one occasion, and also to another plan on a few occasions. That was to outline the strip of mucous membrane to be left, and to dissect it from the tissues below, leaving it united at its base. The indurated tissue had then been removed and the flaps brought together. The result had been good.—*N. Y. Med. Jour.*, Oct. 3d.

Inflammation of the Vagina.—M. de Sinéty (*Ann. de gyn.*) recommends the following liniment:

Subnitrate of bismuth . . .	90 grains;
Crystallized carbolic acid . .	15 "
Glycerine	6 drachms;
Distilled water	3 ounces.

Cotton tampons soaked in the mixture are to be introduced into the vagina. They may likewise be moistened with coal-tar or covered with the following ointment:

Pyrogallic acid	150 grains;
Starch	225 "
Vaseline	1½ ounces.

At least two applications should be made daily, and care should be taken to carry the tampons to the very top of the vaginal *culs-de-sac*. They must be carefully freed from all excess of either liniment or ointment, as it would run out upon the vulva and create unnecessary pain.—*N. Y. Med. Jour.*, Oct. 31st.

Hydrastis in Uterine Diseases.—Dr. Shivostirtzeyeff writes in the *Moscow Medical Review* of the satisfactory results he has obtained by the use of hydrastis canadensis in uterine hemorrhages of various kinds due to a hyperæmic condition of the organ. He gives twenty drops of the fluid extract. The same remedy is, he says, useful in cases where the uterus is enlarged with ulcerated mucous membrane, giving off a copious exudation. Also in cases of dyspepsia due to disorder of the female sexual organs. The drug acts, according to Schatz and Mendes de Leon, on the vessels of the uterus, not, like secale cornutum, on the muscular structure; but it is at present doubtful to which of the three alkaloids—hydrastin, berberin, and another which is not yet known—the hæmostatic action is due.—*London Lancet*, Oct. 17th.

Uterine Cancer — Advantages of Amputation of the Neck of the Womb with the Galvanic Wire. — Gallard (*Ann. de gyn.*) urges the propriety of giving more attention to what are apparently hopeless cases of disease, referring especially to uterine cancer. He has tried the plan of injecting, with caustic fluids, diseased tissues and those which are immediately contiguous to them in the hope of staying the progress of the disease, but no lasting benefit has resulted; indeed, he thinks such measures are oftener harmful than useful. Cauterization with iron at red heat has given good results in a certain number of cases, but it is believed that the simple burning of the diseased foci is not sufficiently radical in such a disease as cancer of the uterus. The serre-nœud of Maisonneuve and the écraseur furnish more thorough means for operation than any of the foregoing, but they have certain disadvantages, among which may be mentioned difficulty of adjustment and liability of the wire either to slip or break. With the galvanic wire adjustment is easier, for only a fine wire is required, and this can be guided by the fingers to the desired point, and kept in position during the operation without much trouble. The electric current having been established, the cervix, grasped with hook-forceps, is to be drawn slowly downward until the uterine tissue is cut through. The author does not deny that the same accidents may occur with the cautery-loop which frequently happen with the serre-nœud or the écraseur, and in some cases it has been necessary to aban-

don the use of the former and complete the operation with one of the latter instruments. Twenty-five cases have been operated upon by the author, in which more or less complete histories have been taken. Twelve of these have, it is thought, been cured. In three of them the time which has elapsed since the operation is, respectively, eighteen months, two and a half years, and nearly four years, and no trace of the disease is discoverable. Even should the disease return after the operation with the galvanic loop, its progress seems to be less rapid than when a cutting instrument has been used, probably because of some modification which the tissues have undergone as the result of the operation. Accidents following the operation are very rare, occasional hemorrhages having been observed. There is some pain, but not so severe as in some classes of burns, and it may readily be relieved. The patient should remain in bed for about three weeks, during which time there should be no examination or treatment, unless it is imperatively demanded.—*N. Y. Med. Jour.*, Oct. 31st.

PEDIATRIC.

Facial Paralysis in the Infant from the Use of the Obstetric Forceps.—Dr. Theophilus Parvin, of Philadelphia read a paper on this subject to the Amer. Gyn. Soc. :

Dr. Parvin related the history of a case occurring in a primipara thirty years of age, who had chronic Bright's disease. The presentation was vertex, the position left occipito-anterior. Davis' forceps were used, and a living child, feeble, weighing seven and a half pounds, was delivered. On the following day, when the child cried the right side of the face presented the usual appearance of facial paralysis ; but it scarcely interfered with nursing, and at the end of ten days had disappeared without treatment. Not all cases, however, terminate in recovery.

Dr. Parvin then gave a *résumé* of the literature of the subject. The average period of recovery after forceps delivery is six weeks. Cases also occur spontaneously, and in practice they are to be differentiated. In the great majority of cases the condition is due to compression of the seventh pair of nerves.

With regard to treatment, nothing is to be done in the first few weeks. Later, electricity, counter-irritation, etc., have been resorted to. We should be cautious, however, concerning prognosis ; probably it will recover spontaneously, and treatment should be begun after the expiration of two months, if recovery has not then taken place.

Dr. Elwood Wilson, of Philadelphia, had seen this result from the use of forceps in a number of cases ; he had no recollection of its spontaneous occurrence. He had never seen it after prolonged, hard labors *unaided*. He thought he had seen it most frequently where the head of the child presented in the right side of the pelvis, and that it had been due to a failure to carry the forceps sufficiently high upon the child's head.

Dr. Goodell, of Philadelphia, said that in every case in which he had seen it the paralysis had been upon the right side of the face, and he had not seen it in *unaided* labors.

Dr. Skene, of Brooklyn, had been interested in the question of differential diagnosis between cases of spontaneous origin and those following the use of, and probably due to, pressure of the forceps. As a rule, there was but little difficulty, except in a complication consisting of paralysis of the facial nerve with paralysis on the same side of the face and arm produced by injury in delivering the shoulder. In other words, it is difficult to differentiate between paralysis produced by injury done by forceps and the paralysis which often occurs, in tedious labors, from apoplexy.

Dr. Richardson, of Boston, said that all the cases which he had seen had recovered spontaneously within three weeks, and that the paralysis had in nearly all been upon the right side. He had seen two cases in which it followed the use of forceps to complete delivery after version.

Dr Parvin thought the histories of the cases he had given, and the remarks which had been made, confirmed the suggestion that it is that side of the face which is lower, the head descending somewhat obliquely, that is most liable to be compressed.—*N. Y. Med. Record*, Oct. 3d.

Chloral in Tetanus Infantum.—Mr. Henry May reports a case of convulsions occurring on the seventh day after birth of a female child who at birth had been a strong, healthy infant. Cause of convul-

sions unknown. The treatment was as follows: The food consisted of a teaspoonful of brandy, one third of a teacupful of fresh cow's milk mixed with two thirds of warm water, slightly sweetened. Of this the mother managed to give about three teacupfuls in the twenty-four hours, and a teaspoonful of the following was ordered every third hour:

℞ Chloral. hydratis,
Potass. bromid. . . . . āā gr. xvj.
Ext. ergot. liq. (Sorg's) . ♏xlviij.
Glycerini . . . . . ʒ iij.
Aquæ destillatæ . . . ad f. ℥ iv. M.
Fiat mistura.

The treatment was continued, though less actively as the symptoms improved, for fourteen days, when the child took the breast again and afterwards gradually recovered.—*Dublin Jour. Med. Sc.*, Sept.

Concussion of Brain.—Just before admission (Children's Hosp., Phila.), this child, two and a half years old, fell from a second-story window, striking the right side of his head on the pavement. He was brought into the hospital at 11.30 A.M., in a condition of stupor. He soon vomited profusely, and there was considerable hemorrhage from the ears and nose. Temperature was 97⅘°; pulse, 140; respiration, irregular and difficult to count. At noon he had a convulsion. He was wrapped in a blanket and put to bed; the head was shaved, and an ice-bag applied, and he was ordered:

℞ Hydrarg. chlor. mitis. . . gr. j.
Pulv. ipecac. co. . . . . gr. viij.
M. et. ft. chart No. xvi.
SIG.—One every four hours.

At 2 P.M, he had a second convulsion. At 7 P.M. the temperature was 100⅘°, pulse 120, and respiration 42. He had no more convulsions. The hemorrhage has ceased, but he does not seem disposed to notice surrounding objects. He lies on one or the other side, and if a limb be touched he draws it away. Cerebral irritation is well marked. The next morning it is reported that he slept well all night; there is no paralysis, and he passes his urine voluntarily, and takes nourishment and medicine well. The next day he is given one teaspoonful of brandy every six hours, and heat is applied to the extremities. On the succeeding day he is much brighter, sits up in bed, and takes hold of the cup when it is handed to him. Twelve days later he is discharged well.—*Med. and Surg. Rep.*, Oct. 17th.

Digitalis as a Cardiac Stimulant in Children.—At a recent meeting of the New York Obstetrical Society a discussion took place on the treatment of bronchitis in children. Speaking on the question of stimulation, and limiting his remarks to cases of simple catarrhal bronchitis in children between six months and a year old, Dr. A. Jacobi said, that in ordinary cases alcoholic stimulants were not necessary, but that he never omitted the use of such cardiac roborants as digitalis. Like a number of other drugs, digitalis, he said, was borne by children in relatively large doses, and he had found it act better as a cardiac stimulant if given in two or three large doses each day than if given in small doses frequently repeated. For children of the age mentioned he would give a grain twice a day.—*N. Y. Med. Jour.*, Oct. 17th.

Infantile Eczema.—Tirera (*Revue thérapeutique*, October 1, 1885) recommends the following preparation for the cure of infantile eczema:

℞ Vaseline . . . . . ℥ j.
Picis liquidæ,
Hydrarg. chlor. mit. . . . āā ʒ ss. M.

Apply two or three times daily until cure is effected, unless the remedy becomes too irritating, when its use should be suspended for a short time. When the eruption is situated upon the head, a valuable and convenient adjuvant to the treatment is a rubber cap.—*Phila. Med. News*, Oct. 24th.

Diarrhœa and Feeding-Bottles.—"Baby has the diarrhœa, doctor." "Do you nurse him?" "No, doctor, he takes the bottle." How frequently has this conversation taken place between doctor and mother.

One of the commonest causes of diarrhœa, nasty, persistent diarrhœa, that resists treatment, is the use of the bottle. Yet it should not be so; it is not a necessary accompaniment of the bottle.

But the majority of mothers are careless about keeping the bottle clean. Two bottles should be always in use. When one is emptied it should be well washed in hot water, thoroughly rinsed, and allowed to stand full of warm water, into which a small piece of washing soda has been introduced, until required for use, when it should be again well rinsed.

Long nursing-tubes are abominations, and form ready nests for the propagation of disease germs. We should employ the ordinary rubber nipple, without any tube, and, having several on hand, those not in actual use should be kept soaking in water and soda. If we have good milk, that has not soured, and if we observe these simple precautions, we will soon cure these obstinate diarrhœas without drugs.—*Med. and Surg. Rep.*, Oct. 31st.

Nasal Polypus in an Infant.—M. Krakaver exhibited before the Belgian Academy of Medicine a child who when only four and a half months old was brought to him on account of a trouble of the nose. He removed twelve polypi from the right nasal fossa, cauterizing the mucous membrane with nitrate of silver. Mackenzie states that the youngest child whom he had seen affected with nasal polypi was sixteen years old, and Semon mentions having observed one twelve years of age. The case reported by M. Krakaver would therefore seem to be exceptional as regards the age at which the disease appeared.—(*Revue médicale*) N. *Y. Med. Record*, Oct. 10th.

Vomiting of Cholera Infantum.—Dr. W. P. Watson, of Jersey City recommends the following for the vomiting of cholera infantum :

℞	Creosoti	gtt. ½.	
	Tr. iodinii	gtt. ½.	
	Spts. chloroformi	gtt. ij.	
	Aq. camph.	ʒ j.	M.

SIG.—Dose. Repeat every half hour.

—*Archives of Pediatrics.*

Enteritis in Children — French Treatment.—A treatment of enteritis in children which was very successful last summer in France it may be well to give you in full, as the mortality to infants in America is even more than it is here. Some two hundred and fifty cases were treated in all, with a result of only two deaths, under the direction of Dr. Cayla. With an absolute milk diet (with lime-water), starch-water rectal injections were given, and the two following prescriptions :

℞	Tinct, nucis vomicæ .	gtt. iii.	
	Syrup. krameriæ . .	15 grammes.	
	Syrup. cydonii . . .	15 "	
	Aquæ destillatæ . . .	40 "	M.
℞	Potassii bromidi . .	50 centigrammes.	
	Syrup. belladonnæ . .	15 grammes.	
	Syrup. menthæ pip. .	15 "	
	Aquæ destillatæ . .	40 "	M.

SIG.—Teaspoonful hourly of each alternately.

The nux vomica increases the contractility of the muscular fibres, the rhatany and quince act as astringents, while the bromide and belladonna stop the exaggerated secretion of the glands.—(*Paris Letter*) *Phila. Med. Times*, Oct. 17th.

Smallness of Parts in Children.—First of all must the children's surgeon acquaint himself with the anatomy of the child. This is rarely done, as the ordinary dissections of the adults during a college course give little idea of the size and position of the individual elements as seen in the infant. In consequence of ignorance upon this practical point, many grievous failures have occurred. After unusual opportunities for the study of both normal and abnormal tissues in the diminutive frame, I am still frequently surprised to note the exceeding smallness of different organs and canals.—(Dr. Millard) *Phila. Med. Times.*

Convulsions in Children (Dr. Jules Simon).—

℞	Bromide of potassium . .	1 gramme.
	Musk	.05 gramme.
	Syrup of codeine	5 grammes.
	Syrup of orange-flowers . .	30 grammes.
	Lime-water.	100 grammes.

M. Ft. potio.

SIG.—Teaspoonful to child of two years. To be preceded by an enema.

—(Paris letter) *Phila. Med. Times*, Sept.

Infantile Coryza.—Dr. Filatow recommends a solution of one part of hydrochlorate of quinine in fifteen parts of glycerine, in the treatment of infantile coryza. Two or three drops are to be applied by means of a camel's-hair pencil to the nasal mucous membrane, three or four times a day.—*N. Y. Med. Record*, Sept.

Purgative Suppository.—Trousseau recommended one drachm each of butter of cocoa and chloride of sodium, as a purgative suppository for infants and young children.—*Med. World*, Sept.

Peptonized Cod-Liver Oil and Milk.—This is so palatable that children and ladies take it as readily as cream. The digested milk entirely disguises the oil. The only action of the gastric juice upon plain oil is to dissolve the tissue covering the oil globule, and thus to free it for digestion or emulsion in the duodenum. Nothing but *pancreatine*, nature's secretion,

can emulsify or digest an oil. Reed and Carnrick have anticipated nature by their laboratory process in the manufacture of peptonized cod-liver oil and milk, which is ready for immediate assimilation when taken.—*Albany Annals.*

Tapeworm in a Young Infant.—At a recent meeting of the District Medical Society for the county of Hudson, N. J., Dr. S. A. Helfer, of Hoboken, exhibited portions of a tape-worm, in all about five feet in length, removed from a nursing infant five months old.—*N. Y. Med. Record,* Oct. 17th.

SURGICAL.

Hernia and Hemorrhoids—Electrolysis.—Dr. Robert Newman, of New York, read the first paper at the New York State Medical Association, fifth district branch, Brooklyn, Oct. 13, 1885, which was on the progress of electrolysis in surgery.

The only new application of electrolysis that had been made lately appeared to be the adoption of the method in the treatment of hernia and hemorrhoids, by Dr. Craft, of Cleveland, Ohio, a member of the American Medical Association. The radical cure of hernia by means of electrolysis is new and original, and Dr. Craft's results had never before been published; the information concerning them having been received by Dr. Newman through private correspondence. In a letter to him dated May 7, 1885, Dr. Craft wrote as follows: "I have read with much interest your article on 'Electrolysis in Surgery' and its special application to urethral strictures, and I can most heartily endorse all you say in its application to strictures, having given it considerable attention. I have been using electrolysis in two difficulties that you do not speak of, namely, hernia and hemorrhoids. I have applied a positive needle electrode, properly insulated, except at the point, subcutaneously, between the external and internal rings, and allowed a sufficient galvanic current to pass between the lobes to excite quite an adhesive inflammation, being careful not to injure the cord, and to keep the needle external to the peritoneum. This results in a cicatricial healing up of the inguinal canal, and in many cases seemingly permanent."

In a subsequent letter Dr. Craft wrote that in operating the hernia should be reduced first, and the sac carried up with it, if possible. The index-finger should be invaginated in the scrotum, keeping the cord and sac, if it remain in the ring, well pressed to one side, and held there beneath the invaginated finger, which should be pushed into, or through the external ring, if possible. Then with a sharp-pointed bistoury prick through the skin over the external ring. Through this puncture push a blunt-pointed needle electrode, insulated to within a quarter of an inch of the end, carrying it well up between the rings, by the side of the invaginated finger, which holds the cord and vessels from contact with the electrode. Connect the circuit of about ten cells of a good galvanic battery, continuing the current for about six to ten minutes, according to the sensibility of the patient, changing the point of the electrode from one side of the finger to the other, always keeping as clear of the cord as possible, and directing the current from the cord. The other electrode can be held by the patient in the hand of the side operated upon, or elsewhere, as is desirable. "You ask," he continued, "why I use the positive pole, instead of the negative. For the reason that the positive is not so painful as the negative, and, being the acid pole, I conceived that it would excite sufficient irritation and inflammation, and at the same time coagulate the blood in the small vessels, thereby creating a harder cicatricial or adhesive inflammation, than the negative or alkaline pole. I think the negative pole softens tissues, and will cause absorption of already formed cicatricial tissue; but in hernia we want a hard, adhesive inflammation excited, thereby effectually healing up the rings and canal. The more inflammation excited (so that it does not injure the cord or vessels, and falls short of suppuration), the more radical will be the effect. There is no foreign matter deposited, as is the case in subcutaneous injections, to form a nucleus for suppuration. The patient should lie in bed for at least two weeks, and then use a well-fitting truss for some time, until the part becomes strong and firm."

In the spring of 1884, while living in the State of Minnesota, Dr. Craft operated upon three cases of hernia. They were all of comparatively recent date, caused by straining in lifting heavy weights or jumping from

a height, and one of the common oblique type, through the external ring, although they had not descended into the scrotum. The patients are all Norwegians, and one of them returned to his native land about three months after the operation, at which time he was well, and had done ordinary work since his recovery, without any return of the trouble. The other two patients had no return of the hernia up to the end of six months, at which time Dr. Craft left the State.

Dr. Craft thus describes his method in the treatment of hemorrhoids: "In hemorrhoids I apply the positive needle also; yet in a few cases I have applied the negative, but do not get such decided cicatrizing and shrivelling up of the pile as with the positive. I select the particular pole according to the peculiarities of each individual case. If I want to absorb the pile, I insert the negative needle; but if I desire to seal up the vessels by adhesive inflammation, I use the positive needle."

Dr. Newman then went on to speak of the successful application of electrolysis in port-wine marks, epilation, and uterine tumors. In regard to the practicability of the method in the treatment of the latter, he said there is a great diversity of opinion in the profession, and that is, no doubt, due to the fact that some such growths are amenable to electrolysis, while others are not. A variety of circumstances also always have to be taken into consideration, such as the general state of the patient and her intercurrent diseases, as well as the great difference among operators. Whoever knows the power of electrolysis, he said, will have confidence that uterine fibroids and other tumors can be cured by it. The reports from reliable observers on this point are such that the record must be accepted as true.

In the discussion which followed the reading of the paper, Dr. Newman said that electrolysis acted in different ways, according to the way in which it was used. Weak currents would cause absorption, while strong ones would destroy. His own experience had been different from that of Dr. Craft as regards the comparative painfulness of the action of the two poles. Contrary to him, he had found that the positive pole caused more pain, acting, as it did, as an acid caustic, while the negative acted as an alkaline caustic.—*Phila. Med. News*, Oct. 24th.

Anæsthesia—Locally.—That a solution of cocaine, when subcutaneously injected, will produce anæsthesia for some distances around the point of injection, and especially *below* that point (that is, along the course of the nerves), has been known for some time. But such anæsthesia is always of short duration, the solution becoming, apparently, diluted and carried away by the circulation of the blood. Dr. J. L. Corning, of New York, therefore applied a tourniquet above the point of injection a few minutes after making the injection, and found that the anæsthesia could be prolonged apparently indefinitely. It was not only prolonged, but its area increased as the drug had time to become diffused. This is a very important addition to our knowledge of cocaine, and will add largely to its use in minor surgery.

Dr. Halsted has also discovered that a simple injection of water *into* the skin (not *below* it) will produce a local, but transient, anæsthesia.—*N. Y. Med. Jour.*

Production of New Bone From Periosteal Grafts.—An interesting case of reproduction of two inches and three quarters of new bone is reported by Dr. C. W. Trueheart, the use of grafts of periosteum derived from recently-killed dogs being the means resorted to in the operation. The patient was a young man, the centre part of whose clavicle had been shot away by the accidental discharge of a gun. The chances of osseous union of the remaining portions of bone being judged to be quite hopeless, Dr. Trueheart removed the new tissue formation in the tracts of the lost clavicle by aid of scissors and nitric acid, seven weeks after the accident; and the cartilage formed on the end of the bone being also scraped away, an excavation three fourths of an inch deep, one and a quarter inches wide, and two and three quarter inches long, was prepared. The grafts employed were the size of a large flax-seed, and were applied as speedily as possible after being cut with a stout resection knife and curved scissors. The entire area of the prepared surface was set with grafts about three eighths of an inch apart, and these, after a delay of forty minutes, during which the wound took on a glazed appearance, due to limph drying on its surface, perforated oiled silk was applied, on this a compress of lint moistened with two per cent. carbolized water,

and the whole held in place by adhesive strips. The dressings were renewed on the fifth day, when eight out of every ten grafts were found to have taken, and their subsequent progress was most satisfactory. Three series of grafts were successively applied within a month, cicatrization of the edges of the wound being meanwhile retarded by cauterization; and the excavated wound having finally been fairly filled, the surface was skin-grafted to obviate the tendency to contraction, and to hasten the healing process. Two months after the periosteum-grafting, examination of the parts revealed the fact that the two-and-three-quarter-inches gap in the clavicle had become filled out with a tissue possessing the characteristics of bone as to hardness, inflexibility, and perfect performance of the function of giving support to the shoulder previously hanging down from loss of such support. The surface of new bone, felt subcutaneously, was rough and nodulated, like a mass of rapidly developed exostosis. Two years afterwards the new bone showed a difference of one-quarter-inch shortening as compared with its fellow of the opposite side. The operation was done in 1876, and recently the man sustained a fracture in the new bone, which readily healed.—*N. Y. Med. Record.*

Willard Parker on Cancer.—Dr. Willard Parker closed his long and useful career by collecting and arranging the records of his cases of mammary cancer, amounting to 397 in all. From these records he deduces that the chief etiological factors in the production of cancer are: 1st. Luxurious living and excess in animal food. 2d. Local irritation, pressure, abscess, blow. 3d. Mental affliction. 4th. Dysmennorrhœa and other uterine irregularities. In regard to the treatment he says: "Cancer is to a great degree one of the final results of a long-continued course of error in diet, and a strict dietetic regimen is therefore a chief factor in the treatment, preventive and curative." Avoid unnecessary luxury in mode of life. Especially abstain from eating food rich in nitrogen. Urge your patients to take sufficient exercise, to wash frequently, and to avoid all articles of dress that would induce injurious pressure. Cultivate cheerfulness, and regulate the various functions, especially menstruation. In regard to operative measures, he says: Let us remove the tumor thoroughly; but after this has been done, is this sufficient? No! We must change the diathesis, and modify the patient's constitution so that it will be no longer prone to reproduce the disease. He is positive in the statement that a vegetable or blood diet does materially check the progress of a cancer which has developed, but whether it is possible to prevent its developement by this means he cannot say. —*Md. Med. Jour.*, Oct.

Treatment of Ganglions. — The authorities in surgical science suggest that those cystic tumors should be opened, subcutaneously or perforated by a needle armed with a ligature or scattered by a blow upon the wrist or other part, or painted with iodine or destroyed by injections of the same. The writer having followed all of these methods without satisfaction desires to submit the following plan of treatment, viz:

Use the aspirator to exhaust the tumor of its water and blood, and then apply a bandage. This is a safe and certain method. When no aspirator can be obtained an ordinary hypodermic syringe can be used once or twice,and answers very well indeed. The tumors may be as small as a thimble or as large as an egg. If they are not emptied they may grow larger.—*Med. Summary.*

How to Remove a Gelatinoid Polypus from the Nose.—R. L. Moore, M.D., Spring Valley, Minn., writes: All the methods laid down by the surgical authorities for the extirpation of nasal polypi are easy—on paper. But to actually remove one of these pests is one of the most annoying things that may fall to the lot of the surgeon in general practice.

I offer the following as a good and effectual method: Proceed the same as for plugging the posterior nares for hemorrhage; only your cord, to which you propose to attach the tampon, should be strong packing twine; your tampon had better be of coarse cotton cloth, folded an inch square, and quite thick, the cord tied in a hole perforated through one corner; or have it in the form of a small roller. Then, when all is ready, bring it through with a strong, steady pull out of the nostril. If one trial does not succeed, do it again, until you have the satisfaction of seeing the offender pop out ahead of your tampon, and with it perhaps the turbinated bone to which it is attached. It is then a radical cure.—*Med. and Surg. Rep.*, Oct. 24th.

MISCELLANEA.

Electric Light in Medicine.—At the conversazione at Guy's Hospital the other evening, Messrs. Woodhouse and Rawson, to whom the whole of the electrical illumination had been entrusted, exhibited some incandescent lamps for laryngoscopic and dental purposes; the contrivance for increasing or diminishing the light was especially neat, this being effected by sliding a movable ring up and down a coil of German-silver wire wound spirally round the handle. The current for these and the other forms of lamps exhibited was obtained from a special form of Leclanché battery devised by the exhibitors. In addition to the above, instruments for applying the electric light to surgical purposes were also shown by Messrs. Down, who had besides on view the latest novelties in the way of sphygmographs, ophthalmoscopes, etc., and various surgical instruments, including Gowan's new osteotome for division of the neck of the femur.—*London Med. Times*, Oct. 17th.

Effect on Offspring of Consanguineous Marriages.—Dr. Charles F. Withington, of Boston, presented at the recent meeting of the Massachusetts Medical Society, a tabulated report of 108 consanguineous marriages. Four hundred and thirteen children were born from 103 couples. Considering as "unhealthy" even those having strabismus, those developing phthisis late in life, those who were below the average in intelligence or bodily vigor, and those who died in infancy, there remained 312 healthy children, There were 12 cases of deaf-mutism, 7 of insanity, 13 of idiocy, and 15 of phthisis. In 17 cases one or both of the parents were themselves descended from a consanguineous union. Fifteen were fertile, producing 68 children, of whom 48 were healthy. The view was announced that the evil results were due to the operation of the ordinary laws of morbid inheritance, and that consanguinity *ipso facto* had no influence either for good or evil.—*N. Y. Med. Jour.*

Pill Coatings.—The inquiry is frequently made of us if sugar is not a better material for coating pills than gelatine. It is most undoubtedly. We have this information not merely from those who manufacture sugar-coated pills, but from chemists and pharmacists who have no interest in the matter one way or another. Sugar is always readily soluble, and therefore does not form over the pill a coating that is difficult of solution. We have a number of times known persons to pass pills entirely unacted upon by the fluids of the stomach, that had been coated by other material than sugar.

When we prescribe medicines in pills we always direct the patient to procure those that are coated with sugar; and such as have been put up by a well-known house—a house that is known to have skill in sugar-coating pills.—*Cin. Med. News.*

Fumigating Paper.—Fumigating paper is prepared from pieces of Bristol board, cut 3½ x 5½ inches, and painted on one side with several coats of the following solution:

Siam benzoin, 30; storax, 12; mastic, olibanum amber, each 3; cascarilla, 9; vanilla, 4; alcohol, 200 (parts). To this is added oil of true cinnamon, cloves, each 30 drops; oils of orange peel and bergamot, each 20 drops.—*Stearns' New Idea.*

Stutterers.—A gentleman who stammered, from childhood almost up to manhood, gives a very simple remedy for his misfortune: "Go into a room where you will be quiet and alone, get some book that will interest but not excite you, and sit down and read two hours aloud to yourself, keeping your teeth together. Do the same thing every two or three days, or once a week, if very tiresome, always taking care to read slowly and distinctly, moving the lips but not the teeth. Then, when conversing with others, try to speak as slowly and distinctly as possible, and make up your mind that you will not stammer. Well, I tried this remedy, not having much faith in it, I must confess, but willing to do almost any thing to cure myself of such an annoying difficulty. I read for two hours aloud, with my teeth together. The first result was to make my tongue and jaws ache, that is while I was reading, and the next to make me feel as if something had loosened my talking apparatus, for I could speak with less difficulty immediately. The change was so great that every one who knew me remarked it. I repeated the remedy every five or six days for a month, and then at longer intervals until cured."—*Phys. and Surg. Invest.*

Malingerers in Galicia.—According to Filleabaum, the simulation of diseases

has been reduced to a fine art among the conscripts of Galicia. The particular form of mutilation varies according to the different districts, in one place prolapse of the rectum being the favorite, while in another the recruits prefer to cut off their fingers. One plan which is very popular is to produce corneal opacities by a sort of tattooing process; and in one case the author observed a leech-bite on the cornea, a method that had been employed by over thirty men coming from Kars. Nystagmus is often simulated, but the deception is made evident by irregularity in the rhythm during a prolonged examination. The author saw twenty cases of artificial subluxation of the shoulder. The arm was abducted, the head of the humerus being displaced toward the axilla and fixed so that the scapula followed the movements of the arm. The muscles were strongly contracted, and the inner edge of the scapula was raised as in paralysis of the serratus magnus. A very moderate pressure was sufficient to reduce the dislocation, but it was at once reproduced by a sharp contraction of the muscles. Emaciation was caused by fasting, purgatives, and abstention from sleep. Twenty young Jews from the district of Zolkien were sent to the hospital for this cause, but refused to eat any thing but bread, saying that the food was not prepared according to their rites, and it was found necessary at last to give them their discharge.—(*Four. de méd et de chir. pratiq.*) *N. Y. Record*, Oct. 24th.

Thymol, Phenol, Salicylic Acid, and Boracic Acid.—Vigier says that these acids are generally used in too concentrated solutions, and advises the following proportions as the most convenient: Salicylic acid and thymol, two parts to one thousand of water; phenol and boric acid, thirty parts to one thousand of water. With these proportions, no alcohol is necessary in order to preserve the clearness of the solutions. Salicylic acid when administered in the strength mentioned is less irritating and is more rapidly absorbed than when given in the form of pills or in capsules.—*Western Druggist.*

Regeneration of the Spleen after Total Extirpation in the Fox.—Professor Eternod, of Geneva, publishes (*Rev. méd. de la Suisse Romande*) an account of his researches on this point. His results are confirmatory of Tizzoni's. The chief point of interest was that, four months after the spleen had been entirely removed, a nodule of newly formed splenic tissue was found, enclosing in its substance foreign bodies that could only have been introduced through the wound at the time of the operation. The nodule was 13 millimetres long and 8 broad; and apart from some embryonic tissue, in microscopic character it was almost identical with the normal spleen. Amongst the other conditions found, the most noteworthy were the new formation of adenoid tissue, especially in the lymphatic glands and in Peyer's patches, and the transformation of the parenchyma of lymphatic glands into splenic tissue. This last circumstance supports the view held for some time by Professor Eternod, that the spleen is only a vast elaborated lymphatic gland.—*British Med. Four.*

Quinine for Hypodermic Injections.—Dr. L. Aitken advocates the hypodermic administration of quinine in acute intermittent fever, preferring the hydrochlorate and bisulphate, the latter being the cheaper. A mixture is made of pure glycerine and distilled water of which six minims at the temperature of the body would readily dissolve one grain of the salt. To this two per cent. of carbolic acid is added. Thirty minims of this solution, containing five grains of the bisulphate, may be injected into the subcutaneous cellular tissue, and repeated if deemed necessary. — *British Med. Four.*, Oct. 10th.

Paraldehyde Hypodermatically.—Kereval says in the *Prog. méd.* that paraldehyde may be administered hypodermatically without evil effects, by mixing it with an equal quantity of cherry-laurel water and cutting the solution with twice its bulk of distilled water at the moment of injection. Langreuter and Strubisch recommend olive oil (oil 3 to paraldehyde 1) as the vehicle.—*St. Louis Med. and Surg. Four.*

Chloride of Calcium. — Dr. R. W. Creighton says a good word for a remedy that has experienced great vicissitudes of fortune. In scrofulous manifestations, with or without attendant suppuration, this salt of lime he found to produce admirable results. The effects of lime salts upon the heart, in increasing its force, have been established by Sydney Ringer's experi-

ments, and were observed clinically by Dr. Creighton. The crystallized chloride of calcium is given in doses of one, two, or three grains for young children, and rarely more than twelve or fifteen for adults. Coghill's formula of five ounces of the crystallized salt in twelve fluid-ounces of syrup is the preferred form of administration, in doses of five to sixty minims, according to age. It is usually given in milk after meals. —*London Practitioner.*

Therapeutics of Jaborandi. — M. Petithan, in a paper upon the therapeutic uses of jaborandi, claims its efficacy in the treatment of the following diseases :

1. In all catarrhal and rheumatic affections, subacute or chronic, whatever may be their localization.

2. In all dropsical conditions, without alteration in the kidney, when anæmia is not too marked.

3. In certain cases of pernicious intermittent fever in which reaction is hastened without affecting the action of quinine.

4. In malignant febrile exanthemata, especially in scarlatina.

5. In diseases of the skin characterized by dryness, psoriasis, etc.

6. In chronic syphilitic disease during the employment of mercury and the iodides.

7. In mercurial intoxication.

8. Probably in diphtheria.

The remedy, according to M. Petithan, should be used as follows :

1. It should be administered when the patient is sleeping.

2. The dose should vary according to the case, sixty grains being an average quantity.

3. The temperature of the infusion should vary according to the degree in which the sudorific effect is desired.

4. A local temperature of at least 66° F. should be constantly maintained.

5. The patient should not be permitted to leave his bed on any pretext unless well covered, in order to avoid variation of temperature and syncope, which may result therefrom.

6. Warm drinks should be administered if the patient is thirsty, a condition very rare owing to the salivation produced by the drug.

7. The employment of a good quality of the drug, that of Coutinho being the best.

8. To have at hand stimulants such as ammonia, etc., to sustain the patient.

9. If necessary to administer an antidote, M. Petithan suggests the employment of belladonna.—(*Bulletin général de thérap.*) *Medical News.*

Pathological Results of Mimicking Passion.—The *Medical Record* tell us that Mme. Bernhardt has written an interesting letter in defence of the sincerity of actors and actresses, seeking to prove that many of them really enter into the spirit of their parts. She declares that Croizette, after the famous poisoning scene in "Le Sphinx," used to remain for some minutes pale and with chattering teeth ; that Beaulevet always wept real tears when performing *King Lear ;* and that Mounet-Sully had veritable hallucinations when acting the madness of *Orestes*. Sarah herself seems to outdo all these celebrated examples. She says : "I have never played *Phèdre* without fainting or spitting blood, and after the fourth tableau of 'Théodora,' in which I kill *Marcellus*, I am in such a nervous state that I return to my dressing-room sobbing. If I do not weep I have an hysterical fit, which is much more disagreeable to those around me, and more dangerous for the vases and other things near at hand."—*Med. and Surg. Rep.*, Oct. 17th.

Beech-Nut in the Lungs 30 Years. —Dr. H. A. Fingley, of Susquehanna, Pa., sends us the details of a case—a man who lately coughed up a beech-nut which, as a boy, 30 years ago, he accidentally drew into his lungs. At first a terrible struggle ensued, and it was thought the boy would die of suffocation, but the nut became shifted so as to admit the passage of air, and nature gradually became adapted to the situation. He has been almost constantly reminded of the presence of his unwelcome guest, and now rejoices in its ejectment, after many days.

Test for Life or Death.—A physician is sometimes called upon to settle the question whether a person is actually dead or alive. A person who dies suddenly will often be warm for some time after ; some are found with a flush remaining on the cheeks ; and some dead bodies have been known to exude large drops of sweat. A good test of life or death is to hold a lighted match or candle to the skin. If a spark

of life exists, the skin will raise a blister, with a collection of serum beneath; if death, the epithelium will raise, curl, and crackle—there will be no serum, no blister. —*Amer. Med. Jour.*, Oct.

How do Dead Bodies Turn in their Graves?—In the exhuming of dead bodies from the grave, the corpse is often found turned upon its face; a circumstance which many have taken as an evidence of the person having been buried alive. But it should be remembered that water sometimes fills the coffin, causing the remains to float and turn upon its face, then, sinking away, the body is left in this position.—*Amer. Med. Jour.*, Oct.

Salicin in Acute Articular Rheumatism.—This alkaloid is now more than the peer of salicylic acid and its salts in the treatment of acute articular rheumatism. There are two reasons for this: First, it is free from the dangers that are caused by large doses of salicylic acid and its salts, which are almost sure to cause dangerous depressions of the circulation. Second, salicin is a noted tonic, and acts as such even in the large doses it is given to bring down temperature in rheumatism. It is a specific in 30- to 40-grain doses, and repeated every hour till the temperature is reduced. If need be, 3 i must be given to effect this, and the fall can be brought about in five hours if care is taken to push the dose. In many severe cases, 40 to 50 grains may be given every three hours without danger.—*Georgia Ecl.*, Sept.

Tonic Mixture.

Tr. ferri chlor		6 ounces.
Tr. nux. vom.,		
Liq. pot. arsenat,		
Acid phosph. dil . . .	ää	2 ounces.
Syrupus,		
Aqua	ää	20 ounces.

Mix. Teaspoonful before meals.

Another, which was much used, is:

Tr. ferri chlor	1 ounce.
Glycerinum	½ ounce.
Liq. ammon. acet	2½ ounces.

M. Teaspoonful before meals.—[Dr. A. F. Wright.]

This makes a beautiful cherry-red mixture, not at all bad tasting. The liq. ammon. acet. must be fresh and strictly neutral, because if there be an excess of ammon. carb. there will be a sudden and disagreeable bubbling over, and a precipitation of the iron as a carbonate.—*Indiana Pharm.*, Sept.

Massage.—Dr. E. J. Kemps says: When you practise massage, the following

℞ Acetate zinc		gr. viij.
Vinegar		℥ j. M.

will not only add greatly to the efficacy of the massage, but also will impress the patient with the idea that something else is being done besides rubbing.—*Louv. Med. News*, Sept. 12th.

Erythema of Fat People.—Dr. E. J. Kemps says: For the erythema and itching between the thighs and on the buttocks of fat people, either calomel or bismuth subnitrate, rubbed on dry, will make you proud of yourself.—*Louv. Med. News*, Sept. 12th.

Vaccination.—The best mode of vaccinating is to hold the instrument as a pen is held, and make the superficial scarifications quickly but gently, holding the limb firmly with the hand not in use. We have thus vaccinated many a child in sleep without waking them. It is said that under compulsory vaccination deaths from smallpox in a particular locality were one in nine, while in a place where vaccination is not practised, one hundred out of one hundred and ninety attacked died of the disease! In Montreal out of 192 cases reported there were 120 deaths.—*N. Y. Med. Times.*

Menthol as a Local Anæsthetic.—Rosenberg finds that a twenty or thirty-percent. solution of menthol, which is much cheaper than cocaine, is a useful substitute for the latter as an anæsthetic application to mucous surfaces, like those of the nose, the pharynx, and the larynx. Although its effect is more evanescent than that of cocaine, it appears to be somewhat cumulative, for, when repeated, even after a long interval, the latter application produced a longer period of anæsthesia than the earlier one.—*N. Y. Med. Jour.*

Vegetables as Remedies.—Spinach acts as a diuretic.

Dandelion as a tonic.

Asparagus as a blood-cleaner.

Tomatoes as a cholagogue.

Beets and turnips as a tonic.

Onions, garlic, and leeks as a stimulant and narcotic.

The red onion acts as a narcotic in insomnia and neuralgia.—*Med. Summary.*

Celery.—It will frequently be found that patients after being long dosed with beef-tea, though well prepared, get utterly tired of it, and even refuse it altogether. In these cases we have often found that the addition of some vegetable flavoring matter has enabled the patient to resume his food with relish. Of course, we do not mean that the vegetable matter is to be swallowed bodily; but after being strained off, the broth retains its flavor. The use of burnt onions among all classes of cooks, even the highest, is well known; and though we are not prepared to advocate the general use of so robust a vegetable, there are others equally accessible and more delicate. Chief among these is celery, which, during a portion of the year, may be used bodily, and is cheap enough, but during certain seasons it cannot. For this reason we are in the way of using from time to time small quantities of celery seed, which is cheap and may be readily procured, or "celery salt," which is also inexpensive, and gives a decided flavor of celery. A very small proportion of either, added to the beef-tea, gives it a totally different flavor from the insipid, mawkish taste it too often possesses, and we have been rewarded by seeing patients turn to their food when so seasoned with a zest they had long ceased to exhibit.—*Mass. Ecl. Med. Jour.*

Thermometer.—A new fever thermometer has been invented by Immisch Bros., of London, Eng. It has the appearance of a lady's small silver watch, with one hand moving over the dial, which is graduated according to Fahrenheit's scale. Owing to its small size it may readily be placed in the axilla, and takes but 3½ minutes to reach its maximum temperature. It is absolutely water-tight, and is therefore not affected by dampness. There is also no danger of breaking, even should it fall upon the floor.—*Canada Lancet.*

Cold Ablutions of the Feet for Cold in the Head.—The following simple measure is highly recommended by Dr. Prokoff Popoff, of Siberia, who states in the *Russkaia Meditz* that in more than three hundred cases of acute and chronic rheumatic coryza, he used it with great success: Twice daily (in the morning on rising, and at night on going to bed), for two days, the patients, are ordered to wash their legs from the sole up to the knee with ice-cold water, and to subsequently rub the washed parts with a dry towel, or a piece of rough linen or cloth, until a vivid redness and feeling of warmth appears. The whole procedure takes not more than five minutes. No other measures or precautions are required. A striking improvement follows on the next day. In fact, the improvement is usually so great that many patients content themselves with only one day's treatment, regarding themselves as cured.—*N. Y. Med. Times.*

Paraldehyde as an Hypnotic.—This new remedy bids fair to supplant chloral hydrate as an hypnotic in certain cases. The drug may be administered as follows:

℞	Paraldehydis	ʒ j.
	Pul. tragacanth. co. . . .	grs. xx.
	Syr. aurantii,	
	Spts. chloroformis	♏xv.
	Aquæ	ad ʒ iij. M.

SIG.—The whole to be taken at one dose at bedtime.

—*Canada Lancet.*

BOOK NOTICES.

Leonard's Physician's Pocket Day-Book.—Bound in red morocco, with flap, pocket and pencil loop. Price, post-paid, $1.00. Published annually by the ILLUSTRATED MEDICAL JOURNAL Co., Detroit, Mich.

This popular day-book is now in its ninth year of publication. It is good for *thirteen* months, from the first of any month that it may be begun, and accommodates daily charges for fifty patients, besides having cash department and complete obstetric records. There are also columns for the diagnosis of the case; or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is seven and one half inches in length, and is three and one half inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket. A copy of the *Illustrated Medical Journal*, for one year, or of the paper edition of LEONARD'S DOSE-BOOK, will be sent free on all orders sent to the publishers, as above named.

In press, a treatise on **Diphtheria,** historically and practically considered, including croup and tracheotomy. By A. SANNÉ, Docteur en Médecine, Ancien des Hôpitaux de Paris; Membre de la Société Anatomique, des Sociétés de Médecine de Nancy, de Genéve, etc.; Chevallier de la Légion d'Honneur. Translated, annotated, and the surgical anatomy added, with a full-page colored plate, and thirty-six illustrations, by HENRY Z. GILL, A.M. M.D., LL.D., Professor of Operative and Clinical Surgery in the Medical Department of the University of Wooster, at Cleveland, Ohio; Member of the American Medical Association, etc., etc., etc,

THE
MEDICAL ANALECTIC
A
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EDITED BY
WALTER S. WELLS, M.D.

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ZYMOTIC.

Foot-and-Mouth Disease Communicated to a Veterinary Surgeon.—A case is related in a German journal of veterinary medicine where a veterinary surgeon, two days after declaring a locality to be infected with the foot-and-mouth disease, having to travel in a violent east wind, employed a handkerchief to protect his mouth which he had had in use while he was examining the beasts. The next day, he was seized with a violent headache and pains in the limbs. On the second day, there was fever, and a feeling of irritation in the hands and feet. The third day, the fever abated, but their appeared on the tongue, lips, mouth, and edge of the nose, an eruption of an aphthous character, which lasted eight days. — *British Med. Jour.*

Another Filth-Disease.—At the last meeting of the Clinical Society, as is reported at another page of to-day's *British Medical Journal*, Dr. Seaton communicated particulars respecting an outbreak of epidemic illness which he witnessed in a school or orphanage containing about 600 children, near London, during the past summer. The disease occurred in 158 cases; it was confined to the inmates of the school, and did not spread to houses or cottages close by; it began in June, and proved fatal in seven cases. The earlier cases were generally more severe than the later ones; and there were second attacks in at least five instances, in one of which the interval was sixty-six days. No adults, of whom there were about twenty at the establishment, were attacked. The onset of the illness was sudden, without any premonitory symptoms. The first symptoms were rigors and severe frontal headache, followed in a few hours by pyrexia, vomiting (often very severe), without diarrhœa, scantiness of urine, and almost complete absence of the chlorides therefrom. The crisis rapidly developed; fatal cases terminating within twenty-four hours, and in uncomplicated cases defervescence occurring, in two or three days in slight cases, and in four or five days in severe cases, by a sudden fall of temperature, which was generally simultaneous with the appearance of a herpetic eruption on the upper lip, and with perspiration, but no marked sweating. Earache, occasionally followed by otorrhœa, was a late symptom of the fever in some cases. There was absence of any other local pains, except those due to the straining of the muscles of vomiting. The illness rarely extended beyond four or five days, unless complicated with pneumonia. The pyrexia was variable, the highest temperature extending from about 101° Fahr. in slight cases to 106° Fahr. in very severe cases, and more than half the cases were of this latter type. The fall of temperature was as sudden as its rise, unless pneumonia supervened. The ear-mischief appeared to be due to extension of inflammation from the naso-pharyngeal passages up the Eustachian tube to the middle ear. In the only fatal case examined *post mortem* there was pneumonia of the base in each lung, and patches of congestion of the ileum for some four or five feet above the cæcum. Dr. Seaton thought the disease was specific, that it was probably not contagious, and that its period of incubation was short. Dr. Bridges further gave some interesting facts respecting the etiology of the affection. He described the school as very unhygienic; the land attached to it was only six acres in extent, and the earth-closet system had been adopted for the last twenty years. All the refuse from the earth-closets had to be distributed over the small area of land available—at most an acre and a half—so that this land was quite

overcharged with fæcal matter. There had also been, in previous years, cases of sudden illness, and even death, which were ascribed to the unsanitary surroundings. The disease was quite unlike enteric fever. Dr. Bridges thought it was caused by the exhalations from the sewage-sodden land on which the elder boys were put to work, and to which the younger ones who ran in the playground were not required to go; thus was explained the much greater incidence of the illness upon the bigger boys, as well as the escape of those boys who were confined to the infirmary. It must not be forgotten, also, that the rainfall from June to September was only one fourth of the usual amount; this fact may have partly influenced the outbreak. It is well that these facts should be known far and wide, because the extensive use now made of earth-closets in districts where there is difficulty in disposing of fæcal accumulasions must be placing many localities in a condition similar to that of this orphanage; and if this kind of epidemic illness has any relationship to such surroundings, there will probably not be long to wait for proof thereof. But, until such proof is forthcoming, it may be wiser to withhold one's judgment. At any rate, sanitarians are indebted to Dr. E. Seaton and to Dr. Bridges for calling attention to this outbreak of illness, and for the suggestion as to its origin which Dr. Bridges has made. Now that notice of it has been published, it will be interesting to learn if other outbreaks of the kind have been observed.—*British Med. Jour.*, Oct. 31st.

Diphtheria. — Dr. Delthil presented some statistics on the treatment of this affection by goudron de gar and essence of terebinth. Out of sixty-eight cases there were sixty-four recoveries, with four deaths. Three hundred and sixty-four persons assisted the patients in various ways, only two of whom suffered from mild attacks. Facts of a similar kind have been observed by MM. Dujardin-Beaumetz, Musgrave-Clay, and Dr. Georges, Professor of Laryngology at the University of Montreal, Canada, consisting of nine observations, followed by success. This vapor treatment can be conducted during sleep, and without any assistance from the patient.—*Bul. gén. de thér.; Provincial Med. Jour.*, Nov. 2d.

Suppression of Urine in Diphtheria. —As I have failed to find any mention, in the leading text-books, of suppression of urine as a possible cause of death in diphtheria, I think the following brief note may be of interest.

E. G., aged 3, was first seen on July 13th. He was suffering from a mild attack of diphtheria. There was a distinct false membrane, but this was easily detached. The temperature was 102°, the skin moist, and the patient had no difficulty in swallowing. No bad symptom arose until July 22d. The throat was now almost well, and the little patient becoming bright and hungry, but during the whole of that day he passed no urine. Diuretics, hot fomentations, and baths were tried, but had no effect. This condition continued during the next day, but there was no apparent constitutional disturbance. During the third day of the suppression, July 24th, the patient began to be delirious, and sank into a comatose condition in the evening, dying just before midnight, not having passed any urine for over seventy hours. It is also worthy of notice that, during the three days the suppression lasted, diaphoretics had no effect, even pilocarpine failing to produce perspiration. Geo. C. Kingsbury, M.A., M.D., 3 Brighton Parade, Blackpool.—*British Med. Jour.*

Vaccination.—Among the many queries which the present extensive revival of vaccination has raised, is the one relating to the effect of vaccination upon one who has already had small-pox or varioloid.

We have been somewhat surprised to find that vaccination "takes" with those who have had small-pox, two or three such cases having come under notice. Upon inquiring of a physician, whose position at the Board of Health has given him a wide opportunity for observation, he assured us without hesitation that after small-pox vaccination will take always, and in the primary form. Moreover, that vaccination is a surer safeguard from small-pox than small-pox itself, for he knew of instances where unvaccinated individuals had had the disease two or three times.

This information is therefore of great importance, for most people who have had small-pox feel that they are sealed with an immunity greater than a lifetime of continued vaccination could purchase for them.—*N. Y. Med. Record*, Nov. 21st.

Malarial Colic.—Dr. F. Sancho relates the case of a woman, aged twenty-seven of

good health, married, and the mother of two children, who became pregnant for the third time. She complained first of loss of appetite and a bad taste in the mouth, and later suffered from colicky pains and vomiting. These came on every evening between four and six o'clock, lasted for a few hours and then subsided, and were succeeded by profound and tranquil sleep. The tongue gave no evidences of catarrh of the digestive tract, and indeed there were no dyspeptic symptoms of any kind except during the times mentioned. The symptoms were referred to the woman's condition, and it was thought that they would disappear after the birth of the child. However, after a time the patient was taken with a heavy chill, accompanied with intense abdominal pains, and soon abortion occurred. That same evening the gastric pains and vomiting returned just as before. Anti-dyspeptic treatment was tried, but without any improvement resulting. Then, thinking that malaria might be the cause of the trouble, Dr. Sancho prescribed quinine, and the patient was speedily cured.—*Revista de Med. y Cirurgia Prdct.; N. Y. Med. Record.*

Micrococci and Inflammation.—Alex. Ogston, M.D., C.M., Professor of Surgery, University of Aberdeen, says that several years ago he undertook a series of investigations concerning the connection of abscess, phlegmon, pyæmia, septicæmia, and erysipelas with one another and with micro-organisms, and published their results. Briefly put, they were these: Acute suppurative inflammations are always due to micrococci, and the gradations existing between the slighest forms of this and the severest forms of pyæmia and septicæmia as seen in man, and capable of being produced in animals, prove that all are dependent on the same cause, modified by the greater or less resistance of individuals. At first denied or doubted, every subsequent investigation has tended to confirm these conclusions, and they are now held by the best pathologists to be correct, or nearly so.—*Cin. Med. News.*

Diphtheria—Frequent Small Doses of Sulphur.—H. V. Knaggs, M.R.C.S., L.R.C.P., etc., writes:

I desire to direct attention to a remedy which, so far as my experience goes, has hitherto yielded uniform successful results, and which, in addition, would appear to confirm the researches of Klebs and others as to the cryptogamic origin of this much dreaded complaint. I allude to the treatment of diphtheria by sulphur.

More than four years ago my father employed this agent with magical effect in a case which was, at that time, regarded as desperate, the ingravescence of the symptom hourly increasing under carbolic and other applications; but by the sulphur treatment employed in the manner I here advocate, the patient (a youth of thirteen) made a rapid recovery. Since that time both my father and I have treated similarly a large number of cases; and though many of them have been of a severe character, some even with laryngeal complication, and accompanied by lividity of skin, yet in not a single instance has a fatal termination occurred, and in remarkably few of them have sequelæ, even in the mildest and most transient forms, resulted.

Sulphur in any pulverized form will answer the purpose, but it will be found best to suspend it by means of mucilage, and to sweeten or flavor the mixture to the palate, in order that the patient may be induced to sip it frequently. We generally put about fifteen grains of milk of sulphur to each fluid ounce, and, at the commencement, the sufferer takes from a teaspoonful to a tablespoonful (according to age) every hour, half hour, or even oftener if the case be urgent, afterwards at less frequent intervals.—*Provincial Med. Jour.*, Nov. 2d.

Episode of the Ferrán Inoculations for Cholera.—Under this heading the *Union médicale*, October 6th, publishes an extract from a communication in the Spanish paper, the *Diario*, of Tarragona, concerning an alarming consequence that has followed the Ferrán inoculations at a small maritime locality called Cambais, situated between Tarragona and Tortosa. No particulars of the number of inoculations that have been effected are given, but it is asserted that nine of the persons who had undergone inoculation, had subsequently been obliged to undergo amputation of one or both arms, in order that the gangrene which ensued might be arrested. At the time the communication was made there were two other persons about to undergo the operation. A complete panic has arisen in the neighborhood, especially among those who have undergone inoculation.—*Med. and Surg. Rep.*, Nov. 14th.

NEUROTIC.

Hydrophobia Inoculation.—M. Pasteur has communicated to the Academy of Medicine and the Academy of Sciences the results of his latest experiments upon the prophylaxis and cure of rabies, together with the account of a case observed in the human subject. M. Pasteur now adopts the following method: A rabbit is inoculated with a fragment of the spinal cord of a mad dog. The animal is affected with hydrophobia in the space of about one fortnight. A portion of its spinal cord is employed to inoculate a second rabbit, which also contracts the disease, but more rapidly; the spinal cord of this second rabbit serves to inoculate a third, and so on. It is observed that at each step of this process the intensity of the disease becomes greater, and the period of incubation shorter. When the spinal cord of these animals, which have died of hydrophobia, is suspended in a perfectly dry tube, its virulence diminishes by degrees, and at last disappears. A collection of these spinal cords, some of them entirely stale and powerless, others more fresh and active, others again quite fresh and extremely active, are always kept in readiness. To render a dog insusceptible of rabies, he is first inoculated with the stale and powerless specimens, then with fresher and more active ones, and lastly, with the most powerful of all, when he becomes quite proof against the inoculation of rabies. Lately a young boy, nine years of age, Joseph Meister, was brought by his friends to M. Pasteur's laboratory. He had been most severely lacerated by a mad dog, having fourteen bites in different parts of his body. M. Pasteur, in presence of the almost absolute certainty of death, inoculated the child according to his system; the first inoculation was made with a spinal cord fifteen days old, on the 6th of July, sixty hours after the child had been bitten. Similar inoculatious with virus of constantly increasing intensity were made up to the 16th of July, when the spinal cord employed was quite fresh. The child having, up to the present time, four months after the accident, exhibited no symptoms of hydrophobia, is considered as radically cured by M. Pasteur, and he has already recommenced the same method of treatment upon a young shepherd, who, in defending other boys, was cruelly bitten by a mad dog, which he killed upon the spot. The results of this new experiment will be communicated by M. Pasteur in due time to the Academy. With respect to the first patient, it must be remembered—(1) That sixty per cent. of people bitten by mad dogs do not contract hydrophobia. (2) That the incubation of the disease is sometimes extremely long (cases have been known to occur two years after the bite). The experiment is not, therefore, absolutely conclusive, although it marks a great progress in the history of the disease, and justifies in some measure the enthusiastic applause with which the communication was received.—*Med. and Surg. Rep.*, Nov. 21st.

Graves' Disease Cured by Galvanism.—The following case appears to have been an example of the above:

Miss E. W., a pale, spare, delicate-looking lady, after nursing her betrothed, broke down in health. I saw her on July 1st, 1885, six weeks after her symptoms had declared themselves. The features of her condition were these—cephalalgia, vomiting, with constant palpitation night and day. She slept but little, always awaking with palpitation, which lasted all day, rendering her condition pitiable, and completely incapacitating her from all occupation. She spent her time in bed, or on a sofa, any movement emphasizing the palpitation. The pulse ranged habitually from 160 to 180 per minute. There was prominence of the thyroid region.

She was treated alternately with purgatives, digitalis, belladonna, bromide of potassium, and iron, without any relief.

On August 15th, galvanism was begun, stabile currents in the subaural method, with an average dose of seven milliampères.

On August 22d, I had the advantage of the advice of Dr. Saundby, who confirmed the diagnosis, there being at this time prominence of the eyes, and counselled continuation of the galvanic treatment, with bromide of potassium and iron internally. Of this latter the patient only took one bottle. Daily galvanic applications were made, lasting ten minutes, and improvement soon took place.

On September 18th, a note was made: "No palpitation on awaking; very little during day."

On September 20th, the pulse was 90.

The treatment was continued every two or three days till October 9th, when the patient removed from the town, and has since married. During the latter part of the treatment voltaic alternatives were given with strong currents, and the applications were continued after the patient considered herself well, no medicine being given after that mentioned on August 22d.—(Leslie Phillips, M.D.Brux., Lincoln's Inn, Birmingham) *British Med. Jour.*, Nov. 21st.

A Case of Vaso-Motor Paralysis, with the following history, was shown by Prof. Da Costa: Girl, æt. fourteen. A seamstress by occupation; her hands are purple, but this color disappears on pressure. This appearance was first seen three years ago. Her hands and feet perspire very freely. Marked swelling of the hands is present. No heart lesion. She is costive. The cause of the disorder lies in the fact that the nervous supply of the capillaries is cut off, so the vessels dilate. She has not yet menstruated.

She was given aloin, gr. $\frac{1}{10}$, every night; also 3 ss. of fluid extract of ergot, twice daily. This latter will contract the capillaries, and also aid in bringing on normal functions.—*Col. and Clin. Record.*

Monobromated Camphor in Alcoholism.—Dr. James Weir was called to see a man on the verge of *delirium tremens.* He had a nurse appointed him, and gave him a pill (hydrarg. chlo. mite, grs. x.). Five hours after the administration of the pill he had a copious and free dejection. He then ordered a capsule of camphor monobromat. (grs. v.), to be administered every hour until sleep ensued. Later, he was found still restless, very nervous, and apprehensive. He had taken but one pill. He ordered another at once, to be repeated every hour. After the third dose he fell into a calm sleep, and slept till 10 o'clock the following day, when he awoke and clamored for his breakfast, entirely recovered.—*Louv. Med. News.*

Posterior Spinal Sclerosis. — Professor Da Costa has seen marked improvement in this obstinate affection from the long-continued use of—

℞	Hydrarg. bichlor. . . .	gr. ss.
	Ammonii chloridi . . .	gr. xl.
	Aquæ	℥ ij.

M. SIG.—One teaspoonful one hour after meals.

Further benefit may also be derived from the application, two or three times a week, of a continuous current of twenty cells to the spine, and a weak faradic current to the muscles of the lower extremities.—*Med. Bulletin.*

Causes of Locomotor Ataxy. — Under this title M. Belugou has recently published a careful study of thirty-two cases of this disease, with especial reference to its etiology, in *Le Progrès médical* (Nos. 35, 36). As regards syphilis, about which so much has lately been written, he finds that in eighteen of his cases there was no evidence of its existence. He admits that it may often play an important predisposing part, but it does not create locomotor ataxy. It may, by the lesions which it produces in the cerebral nervous system, give rise to a symptomatic motor ataxia, and it is precisely in such cases that the mixed treatment appears to produce the best results. Some nervous inheritance he found present in thirteen of his cases, and he concludes that this occupies a marked place in the etiology of locomotor ataxy, and is almost of equal importance with syphilis. Rheumatic antecedents were present in seven of his cases, and although this has been ignored by some writers, yet he considers that rheumatism constitutes an important and definite factor in the causation of the disease. Functional abuses in one form or another were present in all his cases, venereal excesses or masturbation being the most common (twenty-one cases); in five cases excessive tobacco smoking was held to have played a part; in other cases mental overstrain in the hard struggle for existence seemed to have been a cause. Mostly some combination of these causes will, he says, be found, such as an hereditary tendency, with some form of functional abuse, or a syphilitic or rheumatic diathesis.—*London Med. Times*, Nov. 14th.

Hysteria in a Man.—During a discussion on "Errors of Diagnosis," at Miss. Val. Med. Soc., Dr. Eastman reported a case in which he had diagnosed hysteria in a man. True he had no uterus, his prostate gland had not developed. It is a mistake to think that hysteria occurs only in women. He took the man to see Dr. Wallen, who agreed with him in his diagnosis. He returned with the man to his office. No sooner was the door shut than he began to ask in a pitiful, strained whisper if they thought any thing could be done for him.

Thinking this to be his chance the doctor wheeled on him, and said in a tone of thunder, "You can talk as well as I," and proceeded to give the man a good scolding. He trembled and cowed under the tongue-lashing which he received, and in a fair tone of voice acknowledged that he could. He had not spoken above a whisper for two years.—*Med. and Surg. Rep.*, Nov. 14th.

Opium Habit.—A correspondent recommends the following treatment of the opium habit: If the hypodermic syringe is used, stop its use at once. The patient may be frightened by suggesting the danger of tetanus. According to the previous dose, regulate a dose of wine of opium and bromide of sodium, to be gradually lessened. Gradually substitute for a part of the dose, one of the coca preparations. Cheerful society, country air, exercise, and light reading are valuable adjuvants.—*Brit. Med. Jour.*

Melancholia.—The family doctor only knows how widespread melancholia is in our country. The many household cares develop this disease in nervous women, who show its first symptoms in fretfulness and worry. I have sought for a remedy for years for this malady, and have at last found it in the triple valerianates, which work like a charm:

Zinci valerianat.	20 grs.
Quiniæ valerian.	20 "
Ferri valerian.	20 "

M. Ft. pil. No. 20. Sig.—One three times a day.

The drugs must be absolutely pure. I have tried them in many cases, and I find them a specific for the worry of nervous women, melancholia, and incipient insanity. —(S. A. De Foe, M.D., Washington, N. J.) *St. Louis Med. Brief.*

Nitrite of Sodium in Gout Epilepsy.—Dr. J. Mortimer Granville writes: "I am obtaining highly satisfactory results in epilepsy associated with gout with the following formula: ℞. Sodii nitritis, gr. xxxvi.; sodii hippuratis, ʒ iij.; infusi serpentariæ, ad. ℥ xii. Misce. Two tablespoonfuls are to be taken three times a day before meals. The dose of the nitrite of sodium may be increased by one grain after each fit which occurs subsequently to the commencement of the treatment. The mixture should be used regularly for about three or four months; the dose of the sodium nitrite being increased, as I have suggested, until it reaches fifteen grains. In a number of cases recently treated in this way, the fits have ceased before the progressive augmentation of the nitrite raised the dose to ten grains. I am very confident that the profession will find the combination worthy of a trial. If there be constipation or a jaundiced appearance at any time during the treatment, I give the following pill several successive nights until the condition is improved; ℞. Iridin., gr. ij.; extracti cascaræ sagradæ, gr. iij. Misce. Ft. pil."—*British Med. Jour.*

RESPIRATORY.

Pleurisy.—Dr. S. Mitchell writes:

In Bellevue Hospital about one hundred and fifty cases of pleurisy are treated every year. It is exceedingly rare to get a case of acute pleurisy in the first stage, except where patients already in the hospital for some other trouble, either medical or surgical, develop pleurisy; but provided a case is seen in these first few hours of the disease, the treatment is as follows:

Opium is given in some form, preferably Dover's powder, or hypodermically in Magendie's solution; the effect of the drug being twofold, for besides relieving the patient's pain and nervous manifestations, it checks, to some extent, the determination of blood to the inflamed pleuræ.

The bowels are opened by means of a saline purgative; mustard-poultices or turpentine stupes are applied to the chest.

The pain caused by the movements of the lungs in inspiration is greatly relieved by strapping, with strips of adhesive plaster, the affected side, thus mechanically lessening the movements of respiration. Tr. aconite is given in half-minim doses every fifteen minutes for two hours, and afterwards every two hours, until pulse shows signs of becoming feeble. For the first twenty-four hours quinine is administered in gr. x. every six hours. If the disease now passes into the stage of effusion, the patient is put upon a diuretic, consisting of:

℞ Sacch. alb.,	
Potass. bitart., āā . . .	℥ i.
Aquæ	Ō i. M.

Sig.—℥ i. ad lib.

The saline cathartics are kept up, and a local application of some form of iodine is made. Another form of local application, which is a favorite in some of the divisions

of the hospital, is to cover the affected chest-wall with punctate cauterizations by means of a Paquelin's cautery, applications being renewed every other day.

Tonics are given and continued on into the third stage, the formula usually prescribed being :

℞ Strychninæ sulph. . . . gr. i.
Liq. potass. arsenitis . . ʒ ij.
Cit. ferri et quininæ . . ʒ iv.
Glycerinæ,
Aq. cinnamomi, āā p. e. ad, ℥ viij. M.

SIG.— ʒ i. after meals, and with this is often given whiskey ℥ i. t. i. d.

The cough which so often attends pleurisy is allayed with :

℞ Morph. sulph.,
Potass. cyanid., āā . . . . gr. ij.
Syr. tolutan.,
Syr. pruni virg., āā p. e. ad . ℥ ij. M.

SIG.— ʒ i. p. r. n.

Blisters are rarely applied to the chest, as they cause the patient considerable inconvenience, and interfere with the physical examination of the chest from day to day.—*Therap. Gaz.*, Nov.

Antiseptic Treatment of Croup.—The following is a plan of treatment recommended by M. Renon (*Journal de méd. de Paris*). The patient is placed in a well-ventilated room of medium size, the temperature of which is maintained at from 68° to 75° F. Upon an oil-stove is kept a vessel, of a capacity of two quarts, in which the water is constantly boiling. Into this is put, every three hours, a tablespoonful of a mixture of salicylic acid, 56 parts ; benzoic acid, 112 parts ; carbolic acid, 280 parts ; and alcohol, 468 parts. The stove is placed near the bed, and the steam impregnated with this mixture is conducted, by means of suitably arranged curtains, to the patient. The patient is kept in this atmosphere until the symptoms have entirely disappeared, and for two or three days after ; and, if tracheotomy has been performed, until the wound is closed. A close watch should be maintained over the case, and if any symptoms of poisoning are manifested, the quantity of carbolic acid should be diminished.—*N. Y. Med. Record*, Nov. 28th.

Intubation of the Larynx.—This operation promises to become, at least, a partial substitute for tracheotomy in membranous or diphtheritic croup, and other obstructions of the larynx.

The simplicity and safety of the operation, the fact that the consent of the parents can be easily and early obtained, that failure to relieve will not bring discredit to the physician, and that the tube opens in the throat instead of the external air, will cause intubation, whenever it can be successfully accomplished, to supervene tracheotomy in private practice.

From a paper read by Dr. F. E. Waxham, before the Chicago Medical Society, we take the following account of the operation : By the nurse holding the child in her lap, with the hands at the side, an assistant firmly holding the head backward. The mouth is held open by a gag placed on the left side between the teeth. The tube, armed with a silk bridle, well waxed, is now secured to the introducing instrument. The right hand manipulates the instrument, while the index finger of the left hand guides safely and quickly the tube over the epiglottis into the larynx, when the introducing instrument is removed and the tip of the finger presses the tube well down into the larynx. We make sure the tube is in proper position by the easier breathing, the tube remaining stationary, and by coughing on the patient attempting to swallow water. The bridle of silk is apt to produce violent coughing, and is generally removed. The latest improvements in the tubes consist in an enlargement of the head of the tube with a backward curve, preventing the tube from slipping into the trachea and allowing the epiglottis to fall during the act of deglutition. There is also an enlargement in the centre of the tube, allowing it to be more easily extracted."—*Texas Cour.-Rec. Med.*, Nov.

Pneumatic Differentiation in the Treatment of Phthisis.—Dr. Houghton furnishes a description of the pneumatic cabinet, and its use in the treatment of phthisis. He gives the history of several cases treated in this manner. He concludes :

1. Pneumatic differentiation is of undoubted service in all conditions of primary infiltration.

2. Where the febrile movement has been unchecked for many weeks before treatment, improvement, if any, will show itself within the first ten or twelve applications ; if there is no abatement of symptoms its continuance is of questionable utility, and it may be absolutely contra-indicated.

3. That phthisical disease at the apices

is more favorably treated than when at the base of the lungs.

4. That it is possible by this means to more thoroughly medicate the lungs than by any other known method.

5. That expansion of the lungs by differentiation is itself a therapeutic measure of great merit.

6. That peri- and inter-vesicular exudation is capable of cure by this method, and even third-stage phthisis is benefited, at least temporarily.—*Louv. Med. News*, Nov. 28th.

Hypertrophy of the Male Breast in Pulmonary Phthisis.—At the meeting of the French Association for the Advancement of Science, at Grenoble, M. Lendet read a paper upon certain changes in the mammary glands of men suffering from pulmonary tuberculosis. The glands themselves are not tuberculous, but they become swollen, and present as tumors, having a diameter of from one to two inches. The skin covering the breast is unchanged in color, and the subjacent connective tissue preserves its normal character. The gland is the seat of severe pain, which radiates over the entire chest-wall. The breast upon the side where the tubercular lesion is most marked is the one more especially involved, though not infrequently both glands are enlarged. The condition is one of congestion, and is never accompanied with lymphatic enlargement. It usually exists for several months, and terminates in slow resolution without suppuration.—*N. Y. Med. Record*, Nov. 28th.

Artificial Respiration in Sunstroke.—A medical man writes to one of our English exchanges that he treated a case of sunstroke by employing artificial respiration (Silvester's method) when, after the usual treatment was employed, he could not detect the least sign of breathing, though the heart was acting strong and well at first. The patient regained consciousness in about ten minutes and recovered.

The success of the mode of treatment employed in this case throws a light on the pathology of the state of the lungs seen in some cases of death from sunstroke.

In a case of passive congestion of the lungs in enteric fever, he caused the patient to inspire deeply six or eight times every half hour for several days, and also attended to the posture of the patient; the result was recovery.—*Med. and Surg. Rep.*, Nov. 14th.

Pulmonary Tuberculosis. — The treatment used by M. de Renzi, of Naples, on seventeen men and fourteen women suffering from this disease was the following:—I. Interior: Tonics (*quinquina, phosphate of lime, etc.*); and antiseptics (*creosote, alkaline carbonates, iodoform, etc.*). II. Exterior: Inhalations of ozone, nitrous vapors, iodoform, terebenthine, expirations in rarefied air, followed by inspirations of compressed iodine. The results were that one case was completely cured, two got great relief, three others were slightly benefited, twelve remained in their former condition, and three died. So, on the whole, the treatment has been found fairly successful.—*London Med Press*, Nov. 11th.

CIRCULATORY.

Carbonate of Ammonia in Cerebral Hemorrhage, Thrombosis, and Embolism.—Dr. R. C. Van Wyck claims the following advantages for the carbonate of ammonia in the treatment of cerebral hemorrhage, thrombosis, and embolism: 1. As a diffusible stimulant to the general circulation, relieving the anæmia which is present in the brain, increasing the cutaneous circulation, and inducing perspiration—relieving in this way intercranial pressure. 2. By its direct action in dissolving the clot. The only agents which possess this property are the alkalies, and the most effective of these is ammonia. 3. In œdema and congestion of the lungs, so often seen in apoplexy, the use of this salt will often relieve the existing condition, partly by its stimuluating action on the internal capillaries, and also by its expectorant action on the broncho-mucous membrane. 4. By keeping up the alkalinity of the blood, and preventing further thrombosis. I do not claim this drug as a specific, but only an auxiliary to other remedies. In the treatment of a case of cerebral hemorrhage, the following would seem to me the order of treatment: 1. The prodromal symptoms which threaten an attack of apoplexy, by prompt venesection and catharsis. 2. To relieve the period of reaction, after paralysis has taken place, by arterial sedatives, preferably aconite. 3. To remove the exudation and all retrograde changes in the clot, anæmia, pulmonary congestion, and

further thrombosis, by the free use of carbonate of ammonia. 4. To support the system by nourishing yet unstimulating diet, and by the use of medicines which nourish the brain tissue, such as syr. lactophosphate of lime, cod-liver oil, and the phosphate of zinc. 5. To increase the muscular development by massage-friction, electricity, and strychnia. The carbonate of ammonia should never be given in cerebral hemorrhage until the period of reaction has fully taken place, say from ten days to two weeks. It should then be given continually for at least a month or more, or until the retrograde changes in the clot are accomplished. In thrombosis and embolism, if the diagnosis can be clearly made, it should be given at once. The dose used was five grs. three times daily in 3 ss. of the solution liquor ammoniæ acetatis. There is one class of cases in which the carbonate of ammonia has not acted well in my hands, viz., cerebral hemorrhage associated with interstitial nephritis and hepatitis. In these cases I have had good results from the phosphate of sodium, twenty to thirty grains three times daily, in the infusion of dandelion, given after meals, and small doses of corrosive sublimate, $\frac{1}{24}$ gr. three times daily before each meal. I have sometimes combined it in a pill with digitalis and squill.—*N. Y. Med. Record*, Nov. 21st.

Seat and Force of the Cardiac Pulsation.—Drs. De Renzi and Reale have been studying for some time past the differences in location and force of the cardiac pulsations in various diseases of the heart and great vessels. The conclusions arrived at by them from the study of a large number of observations, and published in the *Revista Clinica e Terapeutica*, No. 9, 1885, are as follows: 1. In *pericarditis* the heart-beat is usually strong, and is seen to the left of the median. 2. In *mitral insufficiency* it is weak, and is found in the fifth intercostal space, or, in exceptional instances, in the sixth; in about one-half the cases it is to the right of the mammary line, and in the other half, on the line to the left of it. 3. In *mitral stenosis* the pulsations are usually strong and accentuated, and are almost always located in the fifth intercostal space and to the right of the mammary line; very rarely are they seen in the sixth space or to the left of the line. 4. In *aortic insufficiency* they are strong and often expansive; most frequently they are found in the sixth intercostal space, less often in the fifth, and very rarely in the seventh, and almost without exception to the left of the mammary line. 5. In *aortic stenosis* the heart-beat is feeble, and situated, as a rule, in the fifth space, to the left of the mammary line. 6. In one case of congenital *pulmonary stenosis* the beat was of moderate intensity, situated in the fourth intercostal space, between the parasternal and mammary lines. 7. In *aneurism of the thoracic aorta*, the cardiac pulsations were found nearly always in the fifth space, and to the left of their normal seat. 8. In comparing the different pulsations, it was found that they were pushed to the left in relative hypertrophy of the right ventricle, and downward in eccentric hypertrophy of the left ventricle; they were strong in cccentric hypertrophy of the right ventricle, and weak in simple or concentric hypertrophy.—*N. Y. Record*, Nov. 28th.

Tricuspid Regurgitation.—Dr. W. Pasteur, of the Middlesex Hospital, London, writes as follows: "In several cases in which there was reason to suspect functional incompetence of the tricuspid valve which have recently come under my observation, a physical sign has been present to which I believe attention has not been drawn, and of which I have been unable to find any mention either in the standard text-books or in the best-known monographs on the subject of cardiac disease. This sign consists in a distension—with or without pulsation—of the superficial veins of the neck, occurring when firm pressure is exerted over the liver in the direction of the spinal column, and independent of the movements of respiration. A little consideration of the anatomical relations of the parts concerned will suggest the facility with which an impediment may be created to the flow of blood, in either direction, through the vena cava inferior by such a manœuvre, especially when the liver is obviously enlarged. It seems to me that the state thus produced is virtually that which obtains as a chronic condition in long-standing and severe cases of tricuspid incompetence as far as regards the tension in the systemic venous system in the immediate vicinity of the heart. Assuming the existence of tricuspid regurgitation and of a source of compression of the vena cava inferior, it is obvious that with each systole

an excessive reflux of blood must take place into the vena cava superior and its tributary veins. It may be noted that the question of pulsation, as compared with distension or undulation, is merely one of degree of morbid venous tension. Although the number of cases in which I have observed this phenomenon is certainly limited, I have never failed to elicit it when there was indubitable evidence of tricuspid incompetence; on the other hand, I have hitherto invariably failed to obtain it in other forms of cardiac valvular disease, and in various cases of hepatic enlargement from causes other than passive congestion. I cannot but think that this sign may furnish an important aid to diagnosis in cases where the usual signs of tricuspid regurgitation are ill-developed or in abeyance, and that it may prove a valuable factor in the difficult general problem of prognosis in cases of cardiac disease."—*London Lancet.*

Sugar in the Blood of Carcinomatous Patients.—After the publication of Freund's statement that he had found sugar in the blood of seventy patients with carcinoma, and none in the blood of thirty individuals who were also ill, but had not cancer, Mátrai undertook some investigations in the same direction. He found sugar in the blood of eight patients with cancer, out of eleven examined, and also in four out of an equal number of non-cancerous invalids. These four were all markedly cachectic, and it is to this condition that Mátrai refers the presence of sugar. Claude Bernard's experiments showed that, if a dog were bled, the last part of the blood which flowed away contained sugar. But in cachexia the blood is reduced in quantity, and it is to this cause that the presence of sugar is to be attributed.—*Deutsche med. Zeit.; N. Y. Med. Record,* Nov. 7th.

Induced Epistaxis for Headache.—One more quotation from M. Coiffier's "méd. et thérap. ration." In congestive headache nothing secures relief so quickly as induced epistaxis. To produce a free nosebleed proceed as follows: Cut a little piece of mustard paper, dip it in warm water, roll it up mustard side outward, and introduce it for a few moments into the nostrils.—*St. Louis Med. and Surg. Jour.*

Digitalis as a Corrigent of the Effects of Quinine on the Heart.—Talma and van der Weyde (*Ztschr. f. klin. Med.*) state that small doses of quinine exaggerate the diastole of both the auricles and the ventricles, without notably reducing the systole; but that large doses increase the diastole still more, and render the systole imperfect, so that suspension of the heart's action may occur in diastole. If digitalis is given in addition, however, the ventricular systole is rendered almost perfect, and the auricular distension at the same time moderated, which accounts for the good effects of digitalis in acute dilatation of the heart from quinine poisoning.—*N. Y. Med. Jour.*, Nov. 21st.

Dilatation of the Heart.—Professor Da Costa recommends:

℞	Pulv. digitalis	gr. iv.
	Strychnia sulphatis	gr. ½.
	Ext. belladonnæ	gr. ij.
	Ferri sulphatis	gr. xvj.

M. Ft. pilulæ No. xvi.

SIG.—One pill after meals.

—*Med. Bulletin*, Nov.

ALIMENTARY.

Chronic Follicular Tonsillitis—Electrolysis.—Dr. Giles S. Mitchell at the Cin. Acad. Med. said he had recently treated successfully two cases of chronic follicular tonsillitis by electrolysis, and was now treating a third. His method is first to pencil the tonsil with a four-per-cent. solution of hydrochlorate of cocaine. A blunt platinum needle attached to the negative electrode is then inserted deeply into the gland, while the patient holds in the hand the positive electrode armed with a sponge saturated with warm salt water. The current is from eight to ten cells strong. The séances last ten minutes, and are repeated twice a week. During the procedure the needle is withdrawn and reinserted at different points. Six treatments usually cause atrophy of the gland and effect a cure. The pain inflicted by this method of treatment is trivial. No sloughing of consequence ensues. Speaker also employed the following gargle: Resorcin, ʒ i.; glycerine, ʒ iv.; aquæ destil., q. s., ℥ iv.

Speaker thought the high grade of inflammation and sloughing occasioned by the application of the Vienna or London Hospital paste a serious objection to their

employment in this disease.—*Cin. Lancet and Clinic*, Nov. 21st.

Ulcerations of the Digestive Tract Caused by Morphine.—Dr. Amadeo Sourrouille relates the case of a woman, suffering from cancer of the uterus, who could find no relief from her pain except by the use of morphine. She shrank from hypodermic injections and therefore took the drug in pill form. The dose was gradually increased from three-fourths grain up to four grains. The pain was quieted, but the patient suffered from the usual effects of morphine upon the digestive and urinary tracts. Soon after, numerous ulcers, some superficial and others deep, were seen upon the mucous membrane of the mouth and pharynx. Suspecting that the morphine might be the cause of this trouble, the author advised its discontinuance, and in a short time the ulcerations disappeared. A few weeks later the pain became so severe that it was necessary to resort again to the morphine, and almost immediately the ulcers reappeared in the mouth.—(*El Sentido Católico en las Ciencias Méd.*) *N. Y. Med. Record*, Nov. 7th.

Oxalate of Cerium as a Gastric Sedative.—Dr. W. R. Chittick considers the oxalate of cerium to be worthy of more attention than it has hitherto received. It is superior as a gastric sedative to either bismuth, hydrocyanic acid, bicarbonate of soda, or calomel, and, unlike these remedies, its use does not preclude the simultaneous administration of any other remedy that may seem to be indicated. It must, however, be given in larger doses than is recommended by the text-books. Dr. Chittick generally orders from ten to twenty grains, to be taken every two, three, or four hours until relief is obtained. Its value appears to be due to its direct sedative and astringent action upon the terminal filaments of the pneumogastric nerves.—*Detroit Lancet.*

Gastritis.—Clinic of Prof. Keating, Phila. Hosp. This man, who has been a hard drinker, had intermittent fever three years ago. Two weeks ago he came into the hospital with a chill, headache, loss of appetite, weak, despondent, and depressed. His temperature was normal in the morning, but ran up in the afternoon. He had been given quinine by the mouth, which, along with his habits, had thoroughly disorganized his stomach. The malarial element in this case was slight, but the gastritis so complicated it that for a couple of days it was deemed impossible for him to recover; he could not retain even the smallest quantities of peptonized milk. Even when he did not vomit spontaneously, he would endeavor to excite the act with his finger, because his food tormented him so greatly. Acute alcoholism or acute malaria are both easy to handle, but when you have this severe gastric complication, the case becomes very grave. His pulse became very weak. He was given quinine by suppository, and the vomiting was ultimately checked by the use of calomel ($\frac{1}{12}$ grain), subnitrate of bismuth (five grains), and opium ($\frac{1}{6}$ grain), every two hours for several days. For five days he was sustained solely by enema of peptonized milk, and then gradually he was able to retain food on his stomach, until now he can eat every thing, and has very much improved, After the stomach got in shape, he was given one drop of Fowler's solution before each meal.—*Med. and Surg. Rep.*

Intestinal Giddiness.—The existence of this variety of giddiness has long been known to us from the occurrence of that form of it associated with, or caused by, the presence of worms in the intestinal tract. Leube has, however, for many years back, noticed another form of it dependent on flatulent distension and relieved by the passage of flatus, and several cases which he has recently had tend to throw some light on the subject. In these, three in number, the giddiness was associated with chronic constipation and relieved by free motion of the bowels or passage of flatus, with the sitting posture aggravated by the act of defæcation and relieved by standing or walking, and lastly with intestinal catarrh and flatulence; and in all of them he found on examination *per rectum* that the feelings of giddiness were greatly intensified either by the introduction of the finger into, or its withdrawal from, the rectum. He concludes, therefore, that giddiness in patients suffering from intestinal affections has its source in a diseased condition of the intestinal walls, the sensation being due to pressure on the hæmorrhoidal plexus of the sympathetic nerve, but in what way brought about remains yet to be seen.—(*D. Arch. f. klin. Med.*) *London Pract.*, Nov.

Flatulency.—On Sept. 28th, at the clinic of Professor Da Costa, Phila., a boy, aged thirteen, presented himself for supposed ascites. Abdomen much swollen, came on suddenly; has had malarial fever; no swelling of feet; is constipated at times; tongue somewhat coated. On examination spleen is found to be not markedly enlarged; no fluctuation of abdomen, but on percussion, a markedly resonant note is heard.

Diagnosis.—Flatulency due to atony of the bowel.

Treatment. — Strychnine, $\frac{1}{80}$ gr. three times a day, and $\frac{1}{10}$ gr. aloin each night. On Oct. 5th the boy came back entirely recovered.—*Med. Bulletin*, Nov.

Obesity.—An English exchange says: Starvation, semi-starvation, surcharging, "banting," alkalies, purgatives, Turkish baths, exercise, and the thousand and one ways of reducing corpulency to respectable dimensions, still leave a large section of our stout population in despair. M. Germain Sée comes to the rescue and solves (?) the difficulty with his accustomed dash and skill. "Oh, ye massive fat ones desiring to be made lean, eat not much meat, but drink enormously of tea?" That is M. Sée's good news put in a nutshell. That is the cry now to be heard in the Parisian wilderness of fat. Obese individuals may suffer from shortness of breath from many causes, writes M. Sée, and infiltration of the muscles with fat is an important one. There are many ways of reducing the fat. The first is by diet; the second by moderating the imbibition of fluid; the third by muscular exercise; and there are also balneotherapy or bathing, and treatment by medicaments. M. Sée does not approve of "banting," as it takes too long; and, further, he argues that proteids such as meat, eggs, etc., are productive of fat. Ebstein has recently advocated "banting" combined with some fatty food; but our author does not fall in with this method. Stout people do not bear bleeding well, although this was the treatment in vogue in the sixteenth and seventeenth centuries. Iodides, alkalies, and diuretics are not well borne by fat persons. Moreover, these medicines, when they reduce obesity, do so by destroying, or at least damaging, the organs on which the nutrition of the body depends.—*Med. and Surg. Rep.*, Nov. 28th.

Cancer of the Stomach.—M. Delthil for several years has treated with success cancer of the stomach with magnesia. He commences with small doses, repeated several times a day until tolerance is established, so that even forty grammes of magnesia may be taken in time. MM. Leudet and Renaud accepted with reserve the diagnosis of such cases. Simple ulcers of the stomach might be taken for cancer. Cancer of the stomach does not last three years.—(*Bulletin gén. de thérap.*) *Provincial Med. Jour.*, Nov.

Flatulent Dyspepsia.—For a case of flatulent dyspepsia, Prof. Da Costa advised the following course of treatment: Milk and under-done meats—nothing starchy—sacch. pepsin, gr. v., with meals, also a pill of:

℞ Argent. oxid. . . . . gr. ¼
Ext. nucis vomic. . . . . gr. ½
Pulv. capsici . . . . . gr. ½ M.
Sig.—Ter die.

A pill of aloin, gr. $\frac{1}{10}$, every night, for accompanying constipation.—*Col. and Clin. Record*, Nov.

URO-GENITAL.

Chronic Bright's Disease.—Jefferson Medical College Hospital, service of J. M. Da Costa:

This woman, gentlemen, is thirty-eight years old, and married. She tells us that she enjoyed good health until two and a half years ago, when her ankles commenced to swell, and this swelling gradually extended upwards to the knees, and it has continued until the present time. Two weeks ago her face became œdematous, and her abdomen commenced to swell. Her vision is somewhat obscure, and Dr. Fox reports to us that he finds, upon ophthalmoscopic examination, slight hemorrhages in the retina and deposits of colloid degeneration in both eyes; they are in the first stages, and the white patches (shown in a diagram) are not very pronounced. For two months past, she has been troubled by frequent desires to micturate, compelling her to get up at night; but she passes very little at each call, so that the total quantity of urine voided is rather diminished than increased. She is very anæmic; her tongue flabby and slightly coated. She is troubled occasionally with vomiting and headache. There

is no heart lesion ; the first sound is heavy, and there is an occasional irregularity of action ; the pulse is full ; there is no organic disease, but a tendency towards hypertrophy, which will result if this condition of affairs continues. Serum is now commencing to exude from the distended limbs. She has no cough.

The urine is found to be highly albuminous ; there is so much albumen that it will not redissolve when the tube is agitated, as it will do when the quantity is small. We have, in this case, a history of grief ; this poor woman was for some time engaged in nursing a daughter, who died with symptoms much resembling her own. There is no history of cold, exposure, or scarlet fever. Here, then, we have a case of chronic parenchymatous nephritis, with an obscure causation. We will order this woman :

℞	Tinct. ferri chlor.	f ʒ j.
	Potass. acet.	ʒ ss.
	Acid. acet. dil.	f ʒ ij.
	Elixir simpl.	f ʒ j.
	Aquæ ad	f ʒ iv. M.

SIG.—Teaspoonful in half a wineglassful of water, thrice daily.

This is a good tonic and diuretic, and the dose will be gradually increased. If she were passing an excessive quantity of water, this formula would not be given. The iron will increase the red globules of the blood, and the potash will act as an alterant on the kidney. Her diet will consist of eggs, milk, and under-done meat. Milk, when taken in large quantities, is a diuretic. If, however, this formula does not meet the indication of reducing dropsy (which it most likely will), she will be given croton oil (¼ drop) or compound jalap powder (ʒ j.–ʒ ij.) two or three times a week. But avoid purgatives, if possible, as all of them are more or less weakening.—*Med. and Surg. Rep.*, Nov. 28th.

Acute Bright's Disease — Cure.—Clinic of Prof. Da Costa, Phila., Hosp. :

This man, aged forty-four, came to the hospital last June with a history of four or five weeks' sickness. The urine was scanty and contained albumen ; there was œdema of the face and legs, and he was feverish, as well as short of breath on exertion. He has now an irritable heart, the first sound is feeble, the second sharp and distinct ; the heart is slightly dilated. There is now albumen and no œdema, the acute kidney disease has been cured. When first seen, he was using Basham's mixture and Rochelle salts for some time, and his condition remained the same. The treatment was then changed to sulphate of magnesia every morning, and one drop (increased to five) of a centesimal solution of nitro-glycerine thrice daily. The question now arises whether the nitro-glycerine cured him. This drug undoubtedly does good in Bright's disease when there is not too much structural change, but we also know that acute Bright's disease has a tendency to get well under the use of diuretics and laxatives ; hence, since both methods of treatment have been employed, we cannot say positively which has effected the cure, though Dr. Da Costa inclines to credit it to nitro-glycerine. We cannot give this man digitalis for his feeble heart, because it is a diuretic, and he is already passing too much water. He will, therefore, be ordered one quarter of a grain of strychnia thrice daily.—*Med. and Surg. Rep.*

Hamamelis in the Treatment of Prostatic Enlargement.—Dr. Duncan J. Mackenzie writes to the *British Medical Journal*, saying that irrigation of the bladder with a mixture of a drachm of tincture of hamamelis, half a drachm of carbolic acid, and about twenty-five ounces of warm water, arrested periodical hemorrhages from the urinary passages and the rectum in a case of prostatic enlargement under his care, and so reduced the congestion as to enable him to discontinue the use of the catheter.—*N. Y. Med. Jour.*, Nov. 21st.

Examination of Urinary Deposits.

1. Deposit soluble by heat—urates.
2. Deposit soluble in ammonia—cystine.
3. Deposit soluble in acetic acid—phosphates.
4. Deposit insoluble in acetic acid—oxalate of lime.
5. Deposit crystalline—uric acid.
6. Deposit amorphous—urates.
7. Deposit greenish yellow—pus.
8. Deposit ropy—mucus.

—*Med. Summary.*

Opening of Prostatic Abscess.—There are many inconveniences attendant on the opening of prostatic abscess through the rectum. Antiseptic precautions are unavailable ; free exit of pus is not secured ; there is possibility of grave hemorrhage ; and urethra-rectal fistula may result. These

possible results may be avoided by opening the abscess through the perineum, following the first steps of median lithotomy.—*Med. World.*

Nephritis—Chlor. Gold and Sodium.—Prof. Da Costa, when advising the chloride of gold and sodium, for *interstitial nephritis*, at the hospital, at one of the recent clinics, told of a physician suffering from this disease to whom he recommended this remedy and who now declares that he is entirely cured.—*Col. and Clin. Record*, Nov.

Diuretic Mixture.—Dr. Joseph Mullone, of Lyons, Ind., writes that he has treated a number of severe cases of anasarca, most of them of distinctly malarial origin, and has been much pleased with the action of the following formula :

℞	Compound spirit of juniper .	Oj.
	Sulphate of iron	ʒ ij.
	Acetate of potassium . . .	℥ ss.
	Fluid extract of digitalis . .	fl. ʒ ij.
	Syrup of squills	fl. ℥ ss.

Dose : A tablespoonful three times a day. In severe cases the patient is to drink also a cold infusion of elder root.

—*N. Y. Med. Jour.*

Diuretic and Antilithic.—

℞	Lithiæ citratis	gr. x.
	Acidi citrici	gr. xx.
	Syr. aurantii	ʒ ss.
	Aquæ	℥ ij.

M.—To be taken in a state of effervescence with fourteen grains of bicarbonate of soda dissolved in two ounces of water.

—(Dr. Guy) *West. Med. Rep.*, Nov.

Gunshot Wounds of the Testicle.—Dr. James Bell read a paper at the Montreal Medico-Chirurgical Soc., on gunshot wounds of the testicle, and reported two cases which he had seen in the late North-west rebellion.

The first case was that of a young soldier, aged twenty-eight, who, whilst skirmishing before Batoche, was struck by a rifle-bullet on the outer side of thigh immediately below and behind the great trochanter. On being brought into the field hospital it was discovered that the bullet had passed through the thigh, then entered the perineum at the root of the scrotum, and made its exit through the scrotum, carrying away a portion of the testicle. The portion of testicle that remained was extruded from the lacerated scrotum. After removing several pieces of cloth in the track of the bullet, the parts were cleansed with weak carbolic lotion, the injured testicle was returned to its proper place, and the scrotal wound closed with catgut sutures. There was no hemorrhage or other troublesome symptom, and the wounds were dressed with iodoform and carbolized gauze. The patient was now sent by steamer to the base hospital at Saskatoon. On his arrival (some days after the injury) he was found to be suffering from urinary infiltration, due no doubt to sloughing of the tissues and the perineum, injured by the bullet. Extensive sloughing occurred, and his life hung in the balance for days, but the scrotal wound never reopened, although most of the left side of the scrotum sloughed away. When last seen, July 1st, his wounds had all healed ; the right testicle was about half its original size, firm, free from pain and tenderness, and freely movable in the scrotum. It had apparently quite recovered from the severe wound received two months previously.

The second case was that of a half-breed, æt thirty-two, who was found on the battle-field of Batoche, on the night of the 12th of May, severely wounded. He was brought to the field hospital for treatment, and was found to be suffering from a contused and lacerated wound, about two inches in diameter, on the back and outer part of left thigh, just below the great trochanter. The abductor longus muscle was torn and partially separated at its origin. The left testicle and the whole lower two thirds of the scrotum were carried away. The right testicle hung down uncovered, and its lower half was filled with fragments of metal. The wounds were probably caused by the bursting of a shell. The wounds were washed and dressed, and the pieces of metal removed from the testicle. In a few days the lower half of the right testicle sloughed off, leaving an irregular granulating surface. The other wounds did well, and after a few days Dr. Bell dissected back the remaining portion of the scrotum, pared the edges, and brought them together over the testicle. The result was very satisfactory, for in a few weeks the scrotum was completely healed, and the remaining portion of the right testicle could be felt firm and painless within it.

Dr. Bell went on to say that the success attending the expectant treatment in these two cases inclined him to the belief that hardly any laceration of the testicle could

be so severe as to warrant castration, although from what he had been able to gather from the literature of the subject within his reach, immediate removal of the organ was recommended in severe injuries. —*Phila. Med. News*, Nov. 21st.

VENEREAL.

Antiquity of Syphilis.—Although historians have generally assigned the first appearance of syphilis in Europe to about the year 1495, when the disease was introduced into France at the end of the French expedition against the Neapolitans, it nevertheless has been demonstrated that venereal diseases have existed from the earliest period of the Indo-European race. Rosenbaum, in his "History of Syphilis in Antiquity," has shown that this malady took its origin in India, and was propagated in the line of the order of the succession of Oriental civilizations; that it had for its characters muco-purulent discharges, mentioned by Galen, Coclius, Aurelianus, Celsus, Aretæus, Paulas of Ægina; inflammation of the testicles, or orchitis, induration of the testicles, and an apthous affection of the glands, and ulcers of the sexual organs, designated under the names *phagedena*, *anthrax*, *pustule* or *phyma*.

Ulcers and vegetations about the anus and genitals (ficus, mariscus, ulcus), pustules on the face and scalp, various skin diseases, such as *mentagra*, *lepra*, and *psora*, are mentioned by Martial and Juvenal as the results of impure intercourse.

Inflammation of the throat, soft palate and tonsils, malignant ulcers of the throat, are also alluded to by these writers and by Aretæus, in connection with sexual vice, being sometimes secondary (as Rosenbaum shows) and sometimes primary, the effect of an abominable practice for which we have no modern name.

It is hard at the present day to imagine as possible among sane human beings certain revolting vices which were prevalent in the later periods of the Roman empire. The subject of sexual perversities constitutes a curious chapter in the annals of mankind, and might properly be considered under the head of the *Insane Neuroses*; certainly such depraved natures as those of Julia, Messalina, and Agrippina, must be regarded as *morbid* as well as wicked. Certainly, too, such practices as those indicated by the name *fellator*, *cunnilingus*, *cinædus*, belong to the domain of mental pathology as well as to that of ethics.

Rosenbaum has demonstrated the connection between these outrageous vices and the development of mucous patches of the utmost malignancy, as well as certain cutaneous diseases clearly of *syphilide* character (especially associated with that form of pollution known as pæderasty), and he has pointed out in the most striking manner the numerous references in the later Roman writers of every form of venereal disease.

It is to the pages of French authors that we naturally look for a thorough examination of such unclean subjects, and both Rosenbaum and Dupouy, in raking over the obscenities of past ages, have done full justice to their task: the former in his "History of Syphilis in Antiquity," the latter in his work on the "Medicine and Manners of Ancient Rome."—*Boston Med. and Surg. Jour.*, Nov. 19th.

Saint Eupheme's Disease.—The disease of Saint Eupheme was nothing but syphilis communicated by a midwife to a number of women. In May, 1727, a midwife of Saint Eupheme was attacked by a sore on the right index finger, which itched and caused much annoyance. She undoubtedly contracted the chancre from some woman in childbed. The disease was propagated from mothers to their infants, from wives to their husbands, and over eighty persons were affected before the cause of the disease and its character were detected. The epidemic ceased when the midwife was forbidden to practise. There were no fatal cases recorded, but the outbreak created a panic.—*Cin. Lancet and Clin.*, Nov. 28th.

Victim on the Altar of Duty.—Another of those distressing accidents to which medical men are liable in the exercise of their profession has recently happened to one of our most popular and distinguished gynæcologists at a well-known London hospital. While conducting, some time since, the examination, at the hospital, of a female patient who was then under the influence of syphilis, this gentleman unfortunately scratched his finger on one of those pins which constitute the outworks, so to speak, of many women, and notwithstanding that the usual precautions were taken, by washing in Condy's fluid, the result of

this trifling injury was the formation of an indurated sore on the index finger, followed in the fulness of time by the usual sequelæ. Under these circumstanees the gentleman has, of course, had to relinquish, temporarily at any rate, his practice, both hospital and private.

It is matter for surprise and congratulation that these accidents are not more frequently met with than they are, considering the multiple exposures that occur to all men busily engaged in practice or hospital work ; indeed, were not this exemption the rule, the occupation of what an American poet calls "that gentle-fingered genius, the Gynæcologist," would long since have lost whatever charm it may possess for those who practise the art.—*London Med. Press.*

Hemilateral Syphilitic Myelitis.—Dr. C. W. Suckling records a case of acute hemilateral myelitis, due to syphilis. The patient, æt. 61, had been under treatment for primary syphilis, in August, 1884, and had subsequently presented secondary symptoms. In May of this year, he was found to be suffering from complete motor paralysis of the left leg and flaccidity ; the loss of power had come on gradually, and had been complete in a week. Sensations of touch, temperature, and pain were all exaggerated on the left side, and there was vaso-motor paralysis and impairment of muscular sense with elevation of temperature In the right leg there was complete analgesia and thermal anæsthesia. The hyperæsthesia of the left side and analgesia of the right extended upwards over the abdomen to a line drawn round the body two inches above the umbilicus, ending abruptly ; there were no zones of anæsthesia or hyperæsthesia at this level. The plantar reflex was excessive on the left side ; the patellar and cremasteric reflexes were absent on this side ; the abdominal reflex was also absent on this side ; on the right side these reflexes were present. He had retention of urine for a day or two, and was delirous towards night and very stupid in the day. He was energetically treated with iodide of potassium and mercury internally and mercurial inunctions, and made rapid progress towards recovery ; in four weeks' time he could walk without difficulty, but a fortnight later the sensory disturbances were still present, though in slight degree. The lesion was presumably seated on the left side of the cord, extending from the eighth dorsal to the fourth lumbar nerves.—*Birmingham Med. Rev.*

Multiple Sclerosis of the Brain and Spinal Cord of Syphilitic Origin.—Herr Schuster, of Aachen, related the following at the Fifty-eighth Congress of German Naturalists and Physicians : The patient had difficulty in locomotion, oscillation of the eyeball, resembling nystagmus, upon attempted fixation, uncertainty in muscular movements, a feeling of constriction about the body, exaggerated tendon reflexes, and tenderness over the spine. The man presented at the same time unmistakable evidences of syphilis. The nervous as well as the syphilitic symptoms disappeared almost entirely under the use of mercurial inunctions.—*N. Y. Med. Record*, Nov. 14th.

Acute Gonorrhœa. — Surgeon-Major Lawrie furnishes a short abstract of a lecture on gonorrhœa, in order to bring into prominent notice a mode of treating it which he has found most prompt and effectual. When called to the patient, he found him suffering from fever, profuse discharge of pus, and a highly inflamed penis, the inguinal glands being enlarged and tender, the perinæum very uneasy, micturition exquisitely painful, and sleep prevented by chordee. Two leeches were ordered to the penis, and two to each groin, and fifteen minims of vin. antimon. were given every two hours. An urethral injection, as hot as could be borne, consisting of one part of corrosive sublimate to 15,000 of water, was given every hour. In less than 48 hours all the most distressing symptoms were relieved and calm sleep obtained. The treatment was continued for a week, the strength of the injection being gradually increased to 1 in 5,000, and the antimony given at longer intervals. He was then ordered to apply both means only three times a day, and in another fortnight was quite well. A month afterward the passage of a catheter showed that the urethra was in quite a normal condition. Surgeon-Major Lawrie contrasts this result with those obtained by the old means of treatment, after months or years of treatment. "In short," he says, "corrosive sublimate and antimony may be regarded as little less than specific ; and I find it difficult to avoid overstepping the limits of moderate language in advocating their use. It only remains to add that urethral injec-

tions ought always to be used hot. Apart from their beneficial action, their effects are so soothing and grateful to the patient that he at once acquires confidence in you, without which it is useless to expect that he will carry out your orders with implicit obedience."—*London Med. Times*, Nov. 14th.

Euphorbia Heterodoxa.—M. Landowski has experimented with the juice of this plant in cancroid epithelioma, and syphilitic vegetations, and has found that it possessed a powerful escharotic action, joined to a dissolving one on organic tissues. The juice deteriorates quickly, losing its properties. M. de Santa Cruz has, however, produced a resin which acts like the juice, but which can be perfectly preserved for an indefinite time.—(*Congrès de l'Association Française*). — *Provincial Med. Jour.*, Nov.

OPHTHALMIC.

Sun-Blindness.—A paper on this subject was read by Dr. C. F. Sinclair at the Chicago Society of Ophthalmology and Otology. He said :

"The danger from blindness from the direct rays of the sun, which appears to have been generally recognized, not only by the medical profession, but by the laity as well, of the past generation, is apparently unrecognized to-day. During the recent eclipse many might have been seen looking at it with the naked eye. It is not uncommon for patients to tell the physician, as a proof of strong vision, that they can look steadily at bright lights, and even at the sun, without blinking. Children not unfrequently undertake comparative trials to see which can gaze longest and most steadily at the sun.

In many of the recent smaller works on ophthalmology the subject of sun-blindness is not mentioned.

Nettleship, Lawson, Williams, Schiœps, and De Wecker refer to the possibility of blindness being caused by flashes of lightning, by the bright glare from snow, and from a too-prolonged gaze at a brilliant artificial light, but the possibility of a like result following from the direct rays of the sun is not referred to. Sœlberg Wells mentions the subject, but in the most cursory manner, simply saying that blindness may follow if the eye is long exposed to bright sun-light."

A case of this kind came under the care of Dr. Sinclair recently. A boy of thirteen looked at the sun several times during the eclipse of last March. Besides a temporary dazzling he did not notice much until a few hours after, when he perceived a dark spot in the centre of his visual field. This dark spot was about eight inches in diameter, round, with a piece taken off the outer side ; in short, the figure of the sun as he had last seen it during the eclipse.

Ophthalmoscopic examination disclosed no changes in the fundus of the eye. Under the use of strychnia the spot cleared gradually until normal vision was obtained within its area ; but normal vision could never be maintained beyond a minute, the dark spot coming back more or less completely when use was prolonged beyond this time.—*Chicago Med. Jour. and Examiner.*

Cataract.—The late Dr. Desmarres, the well-known oculist, relates the following case in one of his works : "A pious old lady was affected with cataract in both eyes, but would not submit to an operation. She could hardly see to conduct herself, when one day in prostrating herself before an altar in a church, she suddenly recovered her sight. 'It is a true miracle,' she cried." The cataract was luxated, and Desmarres, on examining the eyes, was convinced of the fact. But the spontaneous luxation of the crystalline lens is a simple accident, and no one can count upon it for a cure. Moreover, the depression of a crystalline lens may be followed by loss of vision, either immediately or later on, as this quite frequently happens in operations for cataract by depression.

The medical treatment for cataract may have for its object to dissolve a cataract, either in dissolving it completely or in arresting its progress and evolution ; but as it has been shown that this is simply impossible, and all that has been related about the success of such treatment emanates generally from quacks or from practitioners who have faith in their particular nostrums, it must therefore be admitted that we possess no means to arrest the progress of cataract, and still less to dissolve it. The only resource we have at our disposal against cataract is surgical operation. — *Jour. Amer. Med. Ass'n*, Nov. 21st.

Peritomy for Granular Lids.—Mr. Spencer Watson showed a case, at the Ophthalmological Society of the United Kingdom, of granular lids and rough vascular cornea treated by peritomy, with partially successful results. The patient was a woman, aged twenty-two. The right eye was operated on in May, and the left in July last. The improvement was but partial in both eyes, the corneæ having become somewhat clearer and less vascular, but the palpebral mucous membrane remained as rough and granular as before the operations. Mr. Anderson Critchett thought that Mr. Watson had exaggerated the late Mr. G. Critchett's opinion, which was that, in many cases, peritomy sufficed without other treatment; in others, it was necessary to treat the granulations after peritomy. If a considerable power of constitutional repair was present, then the tight cicatrix necessary for the complete cure would be formed, but this frequently failed to occur in strumous subjects. No doubt, in some cases, the treatment by jequirity was sufficient. Mr. Nettleship said that, in his experience, peritomy had, in a certain proportion of cases, given most brilliant results. In one case in which he had freely used jequirity, the subsequent performance of peritomy was followed by a most satisfactory result, the cornea becoming almost perfectly clear.—*British Med. Jour.*

Corrosive Sublimate in Ophthalmic Surgery.—Dr. M. M. Chibret says that as an antiseptic he has frequently been disappointed in boric and carbolic acids. For eight months he has substituted corrosive sublimate with advantage. First he used lotions and ointments, but latterly he has employed irrigation with sublimated solution of one to two thousand. This strength is well borne six times a day. As it greatly diminished suppuration, he employed it in panophthalmia from punctured wounds. It arrested the inflammation very quickly. In cases of keratitis he used it with great satisfaction. He uses it in the form of a jet which impinges with considerable force on the tissue of the cornea and sclerotic. If the eye be too irritable to endure the jet, he precedes its use by cocaine.—*London Pract.*

Gumma of the Conjunctiva.—Le Roy Pope Walker, M.D., late House Surgeon New York Eye and Ear Infirmary, reports the following: E. L——, sailor, aged twenty-five, was admitted to the New York Eye and Ear Infirmary (service Dr. W. F. Mittendorf), September 17, 1885, with a well-developed gumma of conjunctiva and a circumscribed scleritis of three weeks' duration, left eye.

He gave a clear history of infection, one year ago, which had been treated in a desultory manner at Constantinople, Turkey, and again, in London, England.

The gumma was located at the sclero-corneal margin, upper and outer quadrant, with a base 3½ mm. in diameter, and an elevation of 1½ mm. There was mild ciliary injection. Cornea and aqueous humor perfectly clear; no signs of iritis. Iris dilating and maximum readily. He also had a mild form of scleritis, limited to inferior segment; no swelling or bulging. His general health was excellent, presenting no evidence of syphilis.

Began immediately with inunctions of mercury, together with pot. iodide, grs. x., and instillations of atropia, grs. ij. to ℥ j., three times a day. He was also given a collyrium of boric acid morning and evening.

Third day, slight ptyalism. Inunctions discontinued. Pot. iodide, atropia, and boric acid as before, and, in addition, a gargle of pot. chlorate ordered every hour. Gumma much diminished, and circumcorneal injection fast disappearing, as also scleral congestion. He experiences now no inconvenience from movement of lids over gumma, of which he previously complained.

Seventh day, salivation entirely relieved, ciliary injection rapidly fading, and gumma reduced two-thirds. Pot. iodide., atropia, and boric acid continued.

Fourteenth day, gumma had entirely disappeared, with only a *very faint* injection of scleral vessels in the region of recent scleritis. Same treatment continued.

Discharged on the twentieth day, cured, only one or two small scleral veins showing, as evidence of former trouble. This case is reported mainly to demonstrate the efficacy of rapid mercurialization in syphilitic affections of the eye, and also to show their tractability when energetically treated.—*N. Y. Med. Record.*

Rheumatic Purulent Conjunctivitis.—In cases which show the clinical features and the gravity of gonnorrhœal

conjunctivitis, but in which the articular manifestations, the history, hereditary influence, and the absence of any urethral discharge have established the diagnosis, M. Perrin (*Union med.*) advises, in addition to cauterizations with a fifty-per-cent. solution of nitrate of silver, the frequent use of a mixture of one part of alcohol to three parts of water, either as a lotion or in the form of spray. At the same time, antirheumatic medicines should be given internally, especially salicylate of sodium.—*N. Y. Med. Jour.*, Nov. 14th.

Jequirity in Granular Lids.—Dr. Peounoff, having used jequrity in twenty cases of granular lids, varying among one another in character, has come to the conclusion that it is especially useful in a cicatricial condition of the granulations when this is complicated with corneal disease. In these cases, he says, jequirity cures much better and more rapidly than the usual remedies, nitrate of silver, sulphate of copper, etc. It is also valuable in mild cases of follicular trachoma with ingrowing eyelashes. The best method in all cases is to use a one or two-per-cent. of the powdered seeds of jequirity daily.—*London Lancet*, Oct. 17th.

Chronic Blepharitis.—Panas recommends the following preparation in the treatment of chronic blepharitis:

℞	Hydrargyri binoxidi . . .	gr. ½.
	Vaseline	ʒ ijss.
	Liquor plumbi subacetatis . . .	gtt. v.

Ft. unguent.

SIG.—Apply to the eyelids morning and evening, and during the day bathe the parts frequently with an aromatic astringent.

—(*L'Union méd.*) *Phila. Med. News*, Nov. 14th.

Double Coloboma of the Eyelid.—Mr. Lang showed, at the Ophth. Society of the United Kingdom, a case of double coloboma of the right upper lid in a boy aged twelve. One fissure was in the centre of the lid; the other was one centimetre to its inner side. The piece of lid intervening contained normal lashes and Meibomian glands. Closure of the fissures restored the lid almost to the normal state. The cornea had suffered somewhat before the patient was operated upon.—*British Ophth. Rev.*, Nov.

AURAL.

Arthritis of the Ossicula of the Ears—Iodized Fumigations.—M. Noel Guéneau de Mussy, in the last volume of his clinical lectures, devotes some time to the study of a form of deafness produced by arthritis of the auditory ossicles. Such deafness is peculiar in the fact that under excitation and shock to the ear, it diminishes. Thus the noise of a carriage, locomotive, or a very sharp sound, may momentarily reëstablish the sense of hearing in those persons who ordinarily hear almost nothing.

The form of this affection which accompanies gout, has a great tendency to become chronic, and cause complete loss of hearing. Care, however, enables the affection to be treated with a certain degree of success, and every auditory congestion and cold should be avoided.

At the end of a few days from the beginning of the symptoms, resort should be had to iodine fumigation, by placing in the meatus a plug of iodized cotton enveloped in wadding, care being taken that the thickest portion of the plug corresponds to the opening of the external ear.

At the end of from 24 to 36 hours the plug should be renewed.—*Phila. Med. News*, Nov. 21st.

Immediate Improvements of Hearing Following Division of Cicatrices in the Membrana Tympani.—H. Bendelack Hewetson, M.R.C.S., writes:

It must have been observed very frequently by those who are constantly treating perforations of the membrana tympani, associated with chronic otorrhœa, that there is a great tendency to a diminution in the acuteness of hearing in cases which the membrana tympani has become healed, and the perforation closed.

When attending the meeting of the International Aural Congress at Bale last autumn, I was much struck by some observations which were made on the subject by Professor Politzer. It occurred to him that the cicatrix, or semilunar cicatrical band, which frequently exists in these cases, extending from the middle of the membrana tympani, skirting the edge of a healed perforation, so dragged on the malleus as to limit its power of recording sonorous vibrations. Professor Politzer himself quoted several cases in which the

hearing-power was actually doubled immediately this cicatrical band was divided. I accordingly took an early opportunity of testing the operation.

The first case in which I performed the operation was in a hospital-patient of mine, attending my aural clinic at the Leeds Infirmary. He came under treatment in March, 1884, and was then suffering from chronic otorrhœa following suppurative otitis, with a perforation in the left membrane, about the size of a No. 4 shot, straight below the handle of the malleus. So soon as the discharge was healed (under treatment by injection of a one-in-sixty solution of carbolic acid, after which iodoform was blown on to the ear) which took place in two months and a half, it was evident that the boy did not hear so well. Originally, the discharging ear was the better of the two, the hearing in the other being almost lost from neglected chronic catarrhal deafness, associated with attacks of catarrhal otitis in childhood, but without a perforation in the tympanum. I waited some months, in order to give the cicatrix time to contract to the full; and, in February last, seeing that there was no improvement in the hearing, I divided the semilunar cicatricial band where it was visibly the thickest, in two places, by means of a Gräfe's cataract-knife. Before doing so I carefully tested his hearing. With the right ear he heard my watch at two inches distance, and not at all with the opposite ear. Immediately after division he heard the same watch six inches off, and could hear conversation much more easily, although he could not hear a whisper.

The sections in the membrane were about one thirty-second of an inch deep, and they visibly gaped, thus showing clearly the way in which the hearing became improved, namely, by releasing the cicatricial drag on the handle of the malleus.—*British Med. Jour.*

Operation for Malformed Auricle.—S. S. Bishop, M.D., surgeon to the Illinois Charitable Eye and Ear Infirmary, reports the following:

On July 11, 1885, Nettie H., eight years old, presented herself at my clinic at the Infirmary and said she "wanted her ears put back." Both auricles were so abnormally prominent as to mar materially the symmetry of a very shapely face and head. The left auricle, which was the more unsightly, projected one and one fourth inches at a right angle from the junction of the auricle with the mastoid process, and then bent forward, thus forming what is facetiously termed "lop-ear," or "dog-ear." The natural elevations and depressions were obliterated, and the organ presented the appearance of having been flattened by the pressure of the head in sleep on an auricle folded forward upon itself. The right ear projected one inch, but was not as imperfectly shaped as the left one. At first I contemplated moulding the auricle into shape in a dressing of plaster of Paris, which would retain the parts in position for several months, with proper care and renewed dressings. But on account of the youthfulness of the child, which would render it highly improbable that she would coöperate in that treatment with sufficient persistence to secure success, I performed an operation, with the consent of her parents, and with the assistance of Drs. Hawley, Abbott, and Walker.

On July 17th the little patient was anæsthetized with ether. An incision one and three fourths inches long was made on the posterior surface of the auricle about one half inch from the free border of the cartilage, and parallel therewith. Another curvilinear incision internal to the first was made, to unite its extremities. These incisions extended only through the skin and subcutaneous tissue, and were made to embrace about one half inch of integument at the widest divergence of the lines of incision. After dissecting off this skin and subcutaneous tissue, two incisions parallel to the first were made through the cartilage, and an elliptical section of this was dissected off from the skin covering the anterior aspect of the auricle, without wounding that integument. The portion of cartilage removed was not quite as wide or long as the section of skin taken from the posterior surface of the auricle. The edges of the wound were united by three sutures, which included the skin only, and the parts were dressed with absorbent cotton and net bandage.

Union by first intention occurred, and the sutures were removed the fifth day. However, the patient chose a pleasure excursion in preference to the clinic, before the wound had healed thoroughly; the dressing became displaced, and the wound was torn open along the centre. Consequently this portion of the wound healed

later by granulation. There was but slight pain or swelling, and the child evinced no dread of an operation on the other ear, except with respect to the ether.

The result of the operation is that the auricle now projects but three fourths of an inch, instead of one and one fourth inches, making a difference of one half inch between the projection before and after the operation. Besides this, the natural elevations and depressions, which are requisite to the beauty of a well-formed ear, have been restored.—*Jour. Amer. Med. Ass'n*, Nov. 7th.

Calomel in the Treatment of Otorrhœa.—Gottstein (*Ztschr. f. Ohrenheilk.*, and Oct. number MED. ANALECTIC,) speaks highly of the local employment of calomel in chronic suppuration of the middle ear; when combined with the mercuric bichloride, he regards it as more valuable and prompt in its action than boric acid. He assumes that when calomel comes in contact with fluids which contain sodium chloride, such as pus, the mercuric bichloride is formed; this has a powerful antiseptic action in itself, and in a state of nascent production this action is probably more energetic. He has employed calomel in a large number of cases; has found it absolutely non-irritating to the mucous membrane of the middle ear; it never forms any deposits upon or in the mucous membrane which are difficult of removal, and the results of its action are sometimes surprising. He recommends that the ear should be washed out with a weak sublimate solution (0.1 per cent.); then the ear should be inflated by Politzer's method, so as to drive all secretions into the external auditory canal, and these should be removed by another injection. The canal is to be thoroughly dried with cotton and filled with powdered calomel by means of a powder-blower, and stopped with cotton. This method of treatment may be employed even in the begining of acute inflammation of the middle ear. By reason of its marked insolubility, it always remains finely pulverized and does not clog the powder-blower. Gottstein regards calomel as a much surer and more powerful antiseptic agent than boric acid. The secretion in these purulent cases diminishes within a few days after the commencement of the calomel treatment, and no adverse symptom has ever been noticed from its employment. In some cases Gottstein has employed a mixture of powdered calomel and common salt, and discovered that this mixture was mildly corrosive. He employed this powder in cases of otorrhœa with extensive perforations and swelling of the mucous membrane of the middle ear. The powder causes a slight pain for a few minutes, and the secretion is temporarily increased. The next day there may be seen a thin, grayish-white slough upon the mucous membrane. When this slough comes away the powder is insufflated again.—*N. Y. Med. Jour.*, Nov. 21st.

Atropia in Acute Earache.—G. S. Farquhar, M.D., Glenford, O., writes: I have noticed, in several journals, carbolized glycerine recommended very highly in earache. I have never used it myself for that trouble, but find it an excellent thing combined with soda hyposulphite in chronic discharges from the ear. Also in combination with chloral hydrate and morphia, in odontalgia; and for the destruction of the nerve, combined with arsenious acid. Atropia sulph. in solution, as two grains to aqua one ounce, I find to be almost a specific in all painful affections of the ear, used in proportion to the age of the patient.—*Med. Brief.*

DERMAL.

Carbuncle.—As soon as the initial induration announces the beginning formation of a carbuncle, from two to ten European leeches (their number depending upon the size of the carbuncle, the intensity of the inflammation, and the age and general condition of the patient) are at once applied to the indurated and reddened skin. Should it be impossible to procure leeches in time, then the antiphlogistic touch is thoroughly practised—by which is meant scarifying the parts with the point of a sharp and thin blade. Immediately after, the tincture of iodine is liberally applied every three or four hours, and the part covered with absorbent cotton. Frequently the formation of pus is thus totally avoided, or should it nevertheless occur, limited to a very small quantity. As soon as the symptoms indicate the threatening presence of pus, one small but deep incision is made, and poultices, sprinkled over with Goulard's extract, then take the place of the dry cotton. As soon as the pus appears upon the surface, a two-per-cent. solution of car-

bolic acid and water is injected every five hours into the opening, and unguent. zinci benzoatis, also containing two grains of carbolic acid to every one hundred grains of salve (or about nine to ten grains to the ounce), applied locally.

Under this treatment the carbuncle either disappears by the fifth or sixth day, or if pus forms, by the ninth or tenth day, without having given rise to any great constitutional disturbance. Internal tonic treatment is resorted to only if the debility of the patient should indicate its employment.—Editorial in *Med. and Surg. Reporter*, Nov. 28th.

Epidermic Favus—Clinical Lecture of Dr. Bulkley, at N. Y. Hosp.—The next case is one of epidermic favus. The patient is 10 years old, and gives no history of contagion. The eruption consists, as you see, of a patch of diseased skin, nearly circular, and about two inches in diameter, situated over the left malar bone and extending down on the cheek. It is circular like ringworm, and yellow masses are seen which, when removed, leave cup-like depressions. At first glance one not accustomed to see skin-diseases would not suppose it was favus, but would think it was either ringworm or erythematous eczema. In tinea circinata there would not be these cup-like masses and yellowish, sulphur-like color, nor the peculiar odor, and if it were a case of eczema there would be a history of moisture. The commonest mode of contagion is from cats; the cats get it from mice; and it is transmitted to human beings by the cats, although it occurs less frequently in cats than in mice.—*Phila. Med. Times*, Nov. 14th.

Demodex Folliculorum as a Cause of Acne.—Dr. Fell, of Erie County, read a paper at the N. Y. State Med. Ass'n, in which he described some rebellious cases of acne which had come under his observation and had finally yielded to treatment, the cure, he believed, bidding fair to be permanent. This opinion was founded on his views regarding the possible or probable etiology of the disease. It was true his views were new, but, so far as his own observation had gone, they were substantiated by facts. In a large number of examinations of the contents of the acne tumors, he had always been enabled to find the *Demodex folliculorum*, usually from six to ten in number. While the presence of these mites in the skin was not of unusual occurrence, and had long been known, they had not been regarded as the cause of acne. He had found them in the pus or oil-globule, and not in the indurated matter. While their presence in small numbers might not give rise to apparent disease of the skin, he thought that when large numbers existed they might stand in the relation of etiological factors of considerable importance.—*N. Y. Med. Jour.* Nov. 28th.

Erythematous Eczema.—As we learn a great deal from seeing diseases in the various stages of treatment, I show you this girl with erythematous eczema of the head and forehead. When we first saw her, you will remember, the eruption was moist; now it is dry. I do not allow patients with eczema to wash as often as they desire, but tell them when to do so. She has been taking: ℞ Sol. Fowleri, f ʒ ij; mist. rhei et sodæ, f ʒ iv; a tablespoonful three times a day after meals. Locally: ℞ Ol. cadini, ʒ i, ungt. zinci oxid., ungt. simplicis, āā f ʒ ss.—M. Two weeks ago she was using ungt. zinci oxidi et plumbi.

I do not know whether you have all felt and appreciated the swelling of the glands in the neck. They were at one time enlarged to a great extent, as a result of inflammation. Some would think that it was due to syphilis; but it was not.—(Dr. Bulkley's Clinic, N. Y. Hosp.) *Phila. Med. Times*, Nov. 14th.

Sulpho-Carbolate of Soda in Lichen.—To a recent meeting of an English medical society Dr. Mackey showed a case of lichen urticatus in a baby fifteen months old, who had a papular pruriginous eruption, with patches like nettlerash, the day after lymph had been taken from his arm after vaccination at three months of age. Another child, with precisely similar history, had attended hospital on the same day; neither child had been free from eruption since its commencement, but they were only just presented for treatment, and were improving under sulpho-carbolate of soda. Another case of lichen circumscriptus, in a girl, was remarkable for the size of the papules, its resemblance to psoriasis in parts, its relapsing character, and the dusky color of the general surface associated with such relapse.—*Med. and Surg. Rep.*, Nov. 21st.

Acute Pustular Eczema.—This case of acute pustular eczema over the face and

scalp I have shown you several times before. The skin is dry and harsh; there is congestion and thickening of the skin of the face, also thickening and scaling of the scalp. I show you the case that you may see the good effects of treatment, and also the rebellious nature of the disease. The child is still using linseed oil and oil of cade. As there is not much itching, and as constant stimulation may increase the thickening, we will omit the oil of cade and continue the alkaline baths, and afterwards anoint with linseed oil. At first she took acetate of potassium, with spiritus Mindereri to stimulate the activity of the skin, and also cod-liver oil. She is now taking a tonic containing arsenic, iron, etc.; but I think that she will do better under an alkaline treatment.—(Dr. Bulkley's Clinic.) *Phila. Med. Times.* Nov. 14th.

Chaulmoogra Oil in Chronic Squamous Eczema.—Dr. W. L. Chew reports a case of chronic universal squamous eczema cured by this remedy. The patient had been treated with iron, arsenic, cod-liver oil, etc., with but slight improvement. The oil was then given in two- or three-drop doses, and increased to ten or fifteen drops three times a day. The best vehicle was found to be a goblet of sweetened cream. The oil was also used in the form of an ointment:

Chaulmoogra oil, ...	℥ ii;
Glycerine, ...	ʒ iv.

To be rubbed over the body and limbs, and the cold shower-bath applied three or four times a day.

In fifteen days all the exudation had been checked; on the nineteenth day the case was discharged cured.—*N. O. Med. and Surg. Jour.*

Congenital Angioma.—Dr. McBurney presented to the New York Surgical Society a man who had a congenital angioma of unusual size upon the right side. The tumor was five inches in breadth, four in depth, and extended from the median line in front to within three inches of the median line behind. The patient stated, that during early youth and until within the last seven or eight years the tumor had bled regularly, and that he had lost large quantities of blood, sometimes as much as a quart at a time. During the last seven or eight years he has been very comfortable with firm compression of the growth, and has had no hemorrhages. Dr. McBurney felt inclined to advise him to continue with this treatment, and not to have any operation whatever performed. The tumor was not pulsating at any part, was venous, and was of the cutaneous and subcutaneous variety, chiefly the latter.—*Phila. Med. News*, Nov. 21st.

TOXIC AND HYGIENIC.

Poisoning by Nitro-Benzine.—Dr. Mehrer, of Lemberg, reports a case of poisoning by nitro-benzine, treated at the hospital in that city. The patient, the son of a soap factor, came across a bottle of the poison, which was used for perfuming soap, and concluding from its pleasant odor that it was some agreeable drink, swallowed a mouthful of it. Immediately a feeling of "nothingness" came over him, with nausea, vertigo, and a desire to lie down. He cried out as soon as possible to be given something, as he was being exhausted by the pains which were gnawing his entrails. As soon as the nature of the accident was understood a large quantity of milk was given him to drink, and he was advised to go to the hospital as his best chance for prompt relief. When he reached the hospital his agonies were extreme, his breath had a striking odor of bitter almonds; the pulse was accelerated, the eyes reacted well to the light. The stomach-pump was used and the stomach well emptied and washed out. The vomited liquid consisted of a grumous mixture of water and curdled milk, and had an extraordinarily penetrating odor of bitter almonds. The case, according to Dr. Mehrer, has two points of special interest. First, eight to ten drops of nitro-benzine is considered a fatal dose, and it is said to remain from one to two hours in the stomach without manifesting its presence. Under its influence will appear torpor, heaviness of head, nausea, and colics: it is only later that convulsions, tetanus, and cyanosis appear (Royal Encyclopedia). In this case, though the amount taken was not to be compared with the above dose, yet the symptoms were not alarming. On the part of the nervous system, no symptoms whatever were observed. The first thought suggested was that it was a case of poisoning by cyanide of potassium. But after the development of this case confusion of poisoning with cyanide of potassium ought not to be possible except in post-mortem

investigations.—(*Progrès méd.*) *Louv. Med. News*, Nov. 14th.

Poisonous Caviar.—At a meeting of a Russian medical society, a report of which appears in a recent issue of the *Deutsche Medizinal-Zeitung*, Dr. Knoch made some observations in regard to several poisonous varieties of fish, especially three Asiatic species of *Schistothorax* and the Japanese *Tetrodoninermis*. It seems that the roes of these fishes retain their poisonous qualities for a long period; in one of Dr. Knoch's experiments, a portion of a roe that had been preserved in alcohol for six months was given to a mouse to eat, with the effect of killing the mouse within half an hour. The symptoms of the poisoning consist of vomiting, purging, syncope, tenesmus, cramps, and dilatation of the pupil, followed by collapse and death. Apparently there is no guaranty that the roes of these poisonous fishes may not find their way to the consumers of caviar in the ordinary course of trade.—*N. Y. Med. Jour.*, Nov. 7th.

Atropine-Poisoning Treated by Jaborandi.—Dr. Suzuki reports in the *Transactions of the Sei I Kwai*, August, 1885, the case of a woman aged nineteen, who drank a tablespoonful of "miso shiru" (a kind of pea-soup) in which a certain quantity (about half a grain) of sulphate of atropine was mixed by an insane person. Immediately after she felt a disagreeable bitter taste, so that she tried to vomit by tickling the throat with her fingers, and succeeded in vomiting a small amount of the contents of her stomach. About half an hour after the event she complained of headache, giddiness, flushing of face, dryness of mouth, and weariness. When she came to Dr. Suzuki her pulse was frequent, the conjunctivæ were congested, and the pupils were greatly dilated; the mouth and the nares were dry. He gave her immediately a solution of 8 grains of tannic acid in one and a half ounces of water, and repeated again the same dose after five minutes' interval; at the same time with it the ice-bag was applied to her head, but the symptoms continued to increase in severity and without the slightest effect being produced by the measures taken. At 11 o'clock A.M., paralysis of the tongue was noticed, articulation and deglutition became difficult, the extremities were cold, the pulse was weak and thready, and she was restless and delirious, presenting symptoms almost like those of insanity. A warm infusion of jaborandi, 1 grain of the leaves to 4 ounces of boiling water, was administered at once, and in about ten minutes after its exhibition the serious symptoms gradually subsided. After about an hour and a half the pupils began to contract, the tongue moistened slightly, and the articulation became distinct, but general debility, paralysis of the left arm, thirst, and fulness of the stomach persisted. At this time the patient said that she felt as if the intoxication had passed over, but she did not recollect what had occurred during the attack. The next morning she only complained of a slight headache and diminished appetite. No other symptoms remained.—*Therap. Gaz.*, Nov.

Sublimate Poisoning.—Dr. H. Keller relates the case of a woman, fifty-two years of age, from whom the uterus was removed through the vagina on account of carcinoma. During the operation the wound was thoroughly irrigated with a 1 to 4,000 sublimate solution. The next day two vaginal injections, of about a quart each of the same solution, were made. The following morning there was diarrhœa with tenesmus, and in the evening the patient had bloody stools, with a small pulse of 156 to the minute, great thirst and restlessness. She passed about ten ounces of bloody urine containing hyaline, granular and epithelial casts, and renal epithelium. The day following this the patient died. The writer thinks that corrosive sublimate should not be used as a disinfectant in cachectic and anæmic individuals, or in those suffering from renal disease.—*N. Y. Med. Record*, Nov. 7th.

Poisoning by Aniline Oil.—Dr. Govan, of Stony Point, Rockland County, read the report of a case to the N. Y. Medical Association, 5th Branch:

The accident was caused by the breaking of a carboy of aniline oil, which the patient was engaged in carrying; so that his clothes became saturated with it, and he freely inhaled the vapors arising from it. He remained in a stupor for a number of hours, and there was complete anæsthesia of the entire cutaneous surface. On the third day also, there was some hemorrhage from the bladder, and this continued for two days, when it was controlled by the use of tannic acid and uva ursi.

Dr. E. H. Squibb, of Brooklyn, remarked that the hemorrhage from the bladder in Dr. Govan's case seemed to indicate that the aniline oil was largely contaminated with carbolic acid or other by-products of the coal-tar series, different members of which were given off at different temperatures. It would be interesting to note whether the peculiar effects produced in this case would result from poisoning by a specimen of perfectly pure aniline oil.—*Boston Med. and Surg. Jour.*, Oct. 29th.

Poisonous Gloves.—We have recently had several cases of a peculiar herpetic eruption about the lips of children, and which we have satisfied ourselves were due to cheaply dyed gloves. The children wearing these gloves rubbed their mouths with them. The rash could be produced at will. When the gloves were taken off and not worn for some time, there was no rash. When, on the other hand, the gloves were worn, and the children repeated the practice, the rash returned. Clearly it was a case of cause and effect. Owing to competition, manufacturers endeavor to cut down the expense of production by using the cheapest form of dye; and the public support them by buying cheap products. There is not much economy in this, however. The old proverb should be remembered—cheap and dangerous.—*Provincial Med. Jour.*

Gastric Poisons.—If a stomach be extirpated from a living dog and preserved in a chamber saturated with moisture and maintained at a uniform temperature of 37° C., it will be observed that the organ continues to exhibit spontaneous movements which last a variable time—from half an hour to one hour and a half. The gastric movements are very active, and are such as would be required to propel the contents towards the pylorus. It was upon stomachs placed under such circumstances that M. Schutz has studied the action of a certain number of poisons. Atropine, nicotine, weak doses of pilocarpine, cocaine, and chloral, were found to weaken or totally arrest the automatic actions. The following series of poisons were ascertained to augment the number of movements, to quicken each movement, and even to alter its character:—Strychnia and weak doses of nicotine, cafeine, veratrine, tartrated antimony, emetine, and apomorphine. Muscarine, physostigmine, digitaline, scilläine, and helleborine tend to produce a tonic spasm of the stomach.—*London Lancet*, Nov. 19th.

Subcutaneous Injections of Urea.—Experiments performed by Gréhaut and Quinquad on dogs and other animals have proved that the subcutaneous injection of a quantity of urea, equal to one hundredth of the weight of the body, is always followed by death. The animal dies when its blood contains 0.6 per cent. of urea.—*Brit. Med. Jour.*

PARTURIENT.

Uncontrollable Vomiting During Pregnancy Cured by Feeding through an Œsophageal Tube.—Brünniche (*Hospitals Tidende*, 1885, No. 29) reports the case of an unmarried woman with scanty, irregular menstruation, who, suffering severe gastric disturbance for two months, entered a hospital, and, under diagnosis of ulcer of the stomach, the possibility of pregnancy was denied. Soon after admission vomiting became so severe that all food was rejected and inanition was threatened. Alimentation by means of an œsophageal tube was now resorted to, and broth—followed by cold water, before the withdrawal of the tube—was first fed to the patient without causing vomiting. Milk was then administered, and no vomiting being produced, it was followed by bouillon, etc., with like favorable result. After five days an attempt to swallow food caused reappearance of nausea and vomiting, and the use of the tube was again necessitated. Pregnancy was now readily diagnosticated. In three weeks the use of the tube was dispensed with, and the woman discharged cured.

A significant fact in connection with the case is that it was only necessary to introduce the tube into the entrance of the œsophagus, showing that the location of the sensitive region irritation of which occasioned the vomiting, was situated higher up in the digestive tract than the stomach. —(*Centr. für Gyn.*) *Phila. Med. News*, Nov. 7th.

Habitual Abortion Due to Renal Disease of the Mother.—Dr. Fehling, of Stuttgart, calls attention to the fact hitherto unrecognized, that renal disease in the

mother may give rise to habitual abortion, and cites the history of several cases in proof of the correctness of his view.

The first case related was that of a woman who aborted six times in succession. Each time, about the fifth or sixth month of pregnancy, œdema of the entire body ensued, and albumen was abundant in the urine, miscarriage occurred about eight weeks subsequent to the symptoms of the death of the fœtus. All the placentæ were small and atrophied and the decidua thickened. Syphilitic remedies were prescribed in vain by the family physician.

In a second case, about the middle of pregnancy, symptoms of the death of the fœtus occurred, concomitantly with the presence of an abundance of albumen in the urine. This diminished under treatment, but abortion occurred nevertheless, the fœtus being mummified. After the accident the albumen disappeared from the urine. A third and fourth case, likewise recorded, exhibited similar symptoms, abortion occurring in each, and in one instance the nephritis being the first recognized by the ophthalmoscope.

Fehling's observation is interesting, as being the first to recognize renal disease as a casual agency in the production of abortion.—(*Centr. für Gyn.*) *Phila. Med. News*, Nov. 21st.

Dilatation of the Os Promoted by Cocaine Locally.—Dr. Geo. H. A. Dabbs states that he has been able to mitigate considerably the pain attending the dilatation of the os in primiparæ by freely painting the os uteri with a twelve-per-cent. solution of cocaine. He has thus used this drug four times in four successive cases, which happened all to be primiparæ. He paints it on liberally through a speculum. —*Brit. Med. Jour.*

Third Stage of Labor.—Let me say a few words now, on the management of the third stage of labor. The funis has been cut, and the child, having received the necessary preliminary attention, is rolled in a woollen shawl and handed over to the nurse. The accoucheur now turns to the woman who has just expiated the crime of the apple in Eden so many, many years ago —she has in sorrow brought forth. But the placenta remains. If the woman were delivered in the position of all-fours the action of gravitation combining with the expulsive efforts of the uterus would, as in the case of quadrupeds, be sufficient to readily expel the mass. But being supine, intelligence must come to the aid of instinct, and therefore are we accoucheurs.

The well-being of the mother is closely dependent on the proper expulsion of the placenta, and in no stage of parturition are the accoucheur's services more valuable than in the third. The nurse should be at the bedside while the head is being expelled from the vulva, and should be instructed to press firmly with her hand, palm downward, over the uterus, and she should continue to thus press until the child is handed over to her keeping by the accoucheur. The latter having surrendered the child, must now see to the after-birth. It is understood that he has given a teaspoonful of fluid extract of ergot just as the head is about to emerge. By the time he is ready to hand the child over, this dose has commenced to act, and the uterus is contracting firmly on its remaining contents. He now places his hand, as he has instructed the nurse to place hers, over the uterus, and makes firm pressure mixed with slight friction. After he has done this for a few minutes he instructs the woman to brace her feet against the foot of the bed and make a strong expulsive effort. This should be repeated several times, should it be necessary. Under no circumstances should traction be made on the cord until the placenta has been extruded into the vagina. I attach great value to voluntary expulsive effort of the mother in the removal of the after-birth. It obviates the necessity (if it be a necessity ever) of meddlesomeness on the part of the doctor. Associated with the firm, but gentle kneading pressure indicated, it is, in my opinion, preferable to Crede's method—*i. e.*, the squeezing out of the placenta as one squeezes a pit out of a cherry. For several years I have given it the preference, and I find that the women prefer it.

The placenta having been removed, all is not yet done. There are apt to remain in the uterus blood clots. These must be removed. The contractions of the uterus are not always sufficient to remove them, and they remain to decompose, oftentimes, and to cause septicæmia. I am of the opinion that this is the cause of puerperal fever in very many cases. To remove these clots the index and middle fingers should be carried up till the tips touch the fundus. A complete sweep of the cavity

should then be made and all loose contents brought away. This act is beneficial not only in bringing these away, but also in stimulating the uterus to that firm contraction which is the best prophylactic of septicæmia. When I have succeeded in securing a hard, wooden-like feeling of the uterus I have no apprehensions either of post-partum flooding or a child-bed fever. I am of the opinion that the fact that I have never had a case of puerperal fever in my practice, is attributable to this precaution. The next thing is to remove the soiled clothing from under the woman, to place under her a folded sheet nicely warmed, and to apply the binder. I am aware that some "naturalists" discard the binder, but I believe it contributes very much to the comfort and well-being of the woman. It should be applied snugly, but not too tightly. Now a warm, dry napkin should be placed snugly against the vulva. The woman is now cared for, and after the child has been washed it is placed on her arm, and she is left to lie down to pleasant dreams.—(Old Practitioner) *Med. Age*, Oct. 26th.

Dystocia from Rigor Mortis in the Fœtus.—B. Jones, Leigh, Lancashire, writes: The following case is one of great rarity. Previously to its occurrence, I had never heard of a similar condition, and none of the books I had at hand made any mention of this state in the fœtus. Dr. Robert Barnes, however, to whom I communicated the case, has very kindly informed me that he has, in his "System of Obstetrics" (vol. ii., p. 578), made reference to this condition, and to its effect upon the labor, as follows: "Death or impending death of the fœtus. In connection with this, there may be emphysematous distension from putrefaction, or the rigor mortis may prevent the adaptations of the fœtus." I am glad that my opinion of the cause of the difficult labor is in accord with that of so eminent an authority.

On the 30th of September last, I was called to a woman in labor of her tenth child by the midwife in attendance, who had been with her patient for several hours, during which the pains had been frequent, and the labor had progressed, although slowly, until the head reached the outlet of the pelvis, when it became arrested. As it had been in this position for an hour and a half, on my arrival, I at once applied the forceps, and brought down the head without very much difficulty; as soon as the greatest diameter of the head had passed the outlet, and the occiput was external to the vulva, I removed the forceps, expecting that another pain would bring the head. but it remained stationary for some time, although the maternal resistance was overcome, and required several very strong pains, assisted by considerable manipulation, before the whole head was born, and I anticipated the necessity of having again to apply the forceps.

After the head was delivered, there was again considerable difficulty attending the birth of the rest of the body. When traction was applied, a dense feeling of resistance was encountered, which suggested that we had to do either with a case of malformation, or some morbid state of the fœtus. As careful examination failed to reveal any thing to account for the difficulty, greater force was used; and, after considerable and continued traction, the shoulders and the rest of the body were extruded; and it was seen that the whole of the fœtus was stiff and rigid, with the knees flexed, and in one or two places slight desquamation of the cuticle, from commencing putrefaction.

On a detailed examination, the following condition of the fœtus was discovered. The lower extremities were perfectly rigid and semiflexed, the muscles of the abdomen and back in the same condition as to rigidity. The arms were movable, though stiffly, but the muscles hard and indurated. The neck and spine, to about the fourth dorsal vertebra, were indurated, but could be moved at this point as a hinge. The muscles of the head and face were also stiff and rigid, and the cause of the dystocia had evidently been here, the body not being able to adapt itself to the curves of the passage until the death-stiffening had been overcome. The condition of the child, thirty hours after birth, was identical with the preceding description, except that the whole body was somewhat more flabby.

There can, I think, be no doubt that this was a case of true rigor mortis, and its rarity is sufficient excuse for recording it, though one may wonder whether this condition may not be sometimes overlooked, as such a condition in a stillborn child does not seem a very remote probability.—*British Med. Jour.*, Nov. 21st.

Mistletoe as a Parturifacient.—G. V. Hale, M.D., Wheatland, Texas, has noticed of late but little mention of an agent which he believes promises much as a uterine stimulant in those slow cases of parturition, not less painful to the patient than embarrassing to the accoucheur, in which, after a considerable number of "hard" but fruitless pains, nature seems to have called a halt.

In three recent cases of this description, the writer has exhibited a fluid extract of mistletoe (*Phoradendron Flavescens*), in doses of from twenty to forty minims, repeated at intervals of twenty minutes, with the happiest results.

There seems to be no contra-indication to its use at any stage of labor—other things being equal of course,—and it seems probable that we have in mistletoe a parturifacient not excelled, if equalled, by Ergot or Gossypium.—*Texas Cour.-Rec.*, Oct.

GYNECIC.

Metrorrhagia.—Clinic of Prof Goodell. We must draw a clear distinction between metrorrhagia and menorrhagia. The former means a bloody flow from the uterus, that may be independent of the periods, while the latter means an excessive flow at the menstrual epochs. This woman complains of metrorrhagia. The wound is not large enough to account for a fibroid, which always causes enlargement. An unmarried woman of forty-five is liable to have metrorrhagia, due to fungus growths. The constructive energy of the womb is very great; nature intends that it shall build, and if this energy is not utilized in the way of pregnancy, it seeks some morbid field for its action. Congestions and growths ensue. Such growths will be found in widows and married women who use preventive means. If there were a polypus, this womb ought to be larger than what it is (it measures about three inches). He now proceeds to *curette* or scrape this womb. There are two curettes, one sharp and one dull; you had better use the latter until you acquire dexterity, else you may do harm. He holds the cervix with a tenaculum and finds that the curette will not go in; so he dilates with the dilator and gets it in. This womb is very hard, and has probably been treated with nitrate of silver, which was the great treatment ten years ago. The womb is so very hard, so sclerotic, that Dr. Goodell thinks probably there is an intra-mural fibroid, or at least a condition of the organ. But even in these cases scraping away the vegetations will do much good. Metrorrhagia may be caused by disease of the ovaries, reflexly setting up a congestion of the uterus. After scraping away these granulations, he injects tincture of iodine into the uterus to destroy those granulations that have been bruised without being removed, and also a disinfectant, for these bruised granulations may decompose and cause septic infection. As he brings out the applicator, the cotton is gone—it has been left in the uterus. Do not let this occurrence annoy you. You can bring it out with forceps or a tenaculum, or if you cannot, let it alone and it may come out of its own accord. If not, you can etherize the patient, dilate the womb, and remove it. Sponge-tents sometimes break off, a portion remaining, and you can remove them as above. Metrorrhagia can be controlled by ergot, gtt. xx., and chloride of ammonium, gr. x., thrice daily. If this does not suffice, dilate the cervix with a sponge-tent and look for the cause. You can generally find a cause; but in some cases you cannot; obstinate cases will sometimes baffle all treatment. You may treat for anæmia and do no good; and some of these cases can only be explained on the hypothesis of an irritation from the ovaries, and that must be relieved. A combination of a bromide and digitalis is good. Ergot may cause too great a flow at the menstrual period; if so, we must use tinct. digitalis (five minims) and aromatic sulphuric acid (twenty minims) every two hours. When the flow is checked or any head symptoms supervene, as fulness, glaring, obscurity of sight, etc., we may try oil of erigeron (five drops every hour) in capsule or on sugar. After a while it will derange the stomach, but it usually cures the metrorrhagia first. If this does not suffice, we may try gallic acid, not as the books tell us, but in doses of ten to fifteen, or even twenty grains. The only drawback to it is that it is likely to produce constipation. If all these means fail, we must resort to the tampon. Use a sponge, the size of a lady's fist; pass a string *through*, not around it, and tie the two ends together. If you tie around it, you destroy its elasticity. Dip it in vinegar, which will serve as a disinfectant and a hæmostatic.

Smear with vasoline, particularly if the vulva be small. Pack it up close, and there is usually no more trouble. Do not leave it in without removing for longer than twenty-four hours, as it will smell atrociously and may cause septicæmia. We may then take it out and put in another. Be careful not to let the tampon press on the urethra, or you may be called to relieve retention of urine, which will be no trifling matter if you live some miles away.—*Med. and Surg. Rep.*, Oct. 31st.

Electricity as a Therapeutic Agent in Gynecology.—Dr. Paul F. Mundé read a paper on this subject at the N. Y. Acad. Med., Nov. 5th. He thought electricity could be put to more general use in gynecological practice than it is at present; any physician, after a slight amount of experience in its use, would find cases in which it would be of decided benefit. The galvanic current would be found useful in a far greater number of cases than the faradic. If applied properly, it would be followed usually by a pleasant sensation, and by relief of pain and other symptoms. If applied too strong, it might give rise to painful symptoms. The faradic current was usually employed only when it was desired to produce a special result, and it was likely to be beneficial in proportion to the power of the current. If the galvanic current increased the pain, it was an indication that it was doing harm, and it should be reduced in strength or its use be discontinued.

In general, it had made no difference in his practice which pole, the negative or the positive, was applied internally or externally. There was one exception, namely, in pelvic exudation and constant irritation of direct or reflex character; here the negative pole should be connected with the intra-vaginal electrode. He often employed the negative pole when he desired an alterative or absorbent effect, with a mild current. In the use of the faradic current, it never seemed important whether the one or the other pole were placed internally or on the integument. It might be another matter if it were desired to affect a special group of muscles or nerves.

It was safe to begin treatment with a mild current—if the galvanic, say from four to six cells; if the faradic, begin with as strong a current as the patient could bear without discomfort. Increase the strength of the current gradually, but diminish before disconnection with the poles. In internal electrization it is always well to introduce the electrode before closing the circuit, and break the circuit before removing it.

Whether benefit was to be derived from the treatment, could often be told only after continuing it for some time, except where the faradic current was employed to bring on the menstrual flow. Fewer than two applications a week would be a waste of time; it was much more desirable to make the sittings frequent, and to continue them about an hour. This, of course, would encroach upon the time of a busy practitioner. He had seen no bad result follow the use of either current.

The conditions in which Dr. Mundé had employed electricity were the following: Deficient development of the uterus and ovaries, the development, however, being sufficient to give hopes of arousing them to functional activity. Here he usually employed the faradic current upon the endometrium.

For awakening menstrual flow, he made applications every other day, and every day for a week before the expected flow. But if there were no molimina, little hope could be entertained from treatment, for the ovaries in that case were probably atrophied, and contained little glandular element. On several occasions he had found the alternate use of galvanism and faradism of advantage.

In amenorrhœa, besides other methods of treatment, local applications, etc., electricity might prove of benefit. But the temporary absence of the menses in girls just budding into womanhood, need not demand special attention. In women who have borne many children, have become plethoric or anæmic, take little exercise, in whom there is venous congestion of the pelvic organs, but not to the extent of bursting the capillaries and bringing on menstruation, advantage would be gained from the use of electricity—perhaps faradism and galvanism alternated; frequently several sittings would be required to bring on the flow.

In subinvolution and menorrhagia the faradic current was especially indicated.

In hyperplasia uteri he had obtained a great deal of satisfaction from the frequent and prolonged use of the galvanic current, both in relieving reflex neuroses and in re-

ducing the size and hardness of the uterus. The indications as to the strength of the current were the reverse of those in subinvolution; it should be employed as strong as the patient can bear.

In pachysalpingitis and certain other conditions of the tubes and ovaries, a real cure could be effected only by removal of the parts by laparotomy; but temporary relief from the pain might be obtained by the use of electricity, and by blisters applied over the ovarian region. The sittings should be of half an hour's length, and the number of cells employed should not exceed twelve.

In pelvic neuralgias, chronic pelvic cellulitis, lymphangitis, nothing would prove so effective in relieving pain, and to a certain extent in producing softening of adhesions, as galvanic electricity.

Electricity should not be employed in acute or subacute affections. He had obtained no benefit in those uterine displacements dependent upon an elongated condition of the uterine folds or ligaments. In fibroid tumors, electricity would probably have a future; but for ovarian tumors, an almost perfectly safe and sure cure was laparotomy.

The president, Prof. A. Jacobi, said the need of such a paper as that read by Dr. Mundé was evident from the fact that three of the most recent works in German pertaining to diseases of women contained not a word about electricity.—*Med. and Surg. Rep.*, Nov. 28th.

Vulvo-Vaginitis—Astringent Tampon.—If astringent injections have failed, or we (*Revue médico-chirurg. des maladies des femmes*) do not wish to use them because they take so long a time and are inconvenient, recourse may be had to the astringent vaginal tampon with almost certainty of success.

A piece of non-glazed wadding, five to ten cm. square, about half a teaspoonful of powdered alum deposited in the centre; fold over the corners to enclose the alum; tie with a thread; introduce deeply into the vagina, and allow the thread to hang outside the vulva, for withdrawing it after three or four days; a detersive injection. After twelve days at most, the vaginitis, syphilitic or not, or any vaginal discharge with the cervix intact, will be certainly cured.

The tampon has over the injections the advantage of holding separated from each other the different parts of the vaginal canal; the powder impregnates little by little the walls, mingled with their secretions, and the applications are infrequent.

The alum can be replaced by any other astringent powder.

Ths effect is not the same when the tampon is rolled in the powder; it comes then directly in contact with the mucous membrane.—*Cin. Lancet and Clinic.*

Laceration of Cervix.—Operations for laceration of the cervix at the Maryland Woman's Hospital are usually done without an anæsthetic. A catgut loop is passed around the cervix and drawn tight by means of a wire-écraseur frame, thus rendering the operation practically bloodless as well as diminishing the sensibility. In Vienna anterior colporraphy is frequently done without anæsthesia, with little discomfort to the patient.—*N. W. Lancet.*

Pomade for Pruritus Vulvæ.—

℞. Zinci oxidi . . . . 25 grammes.
Acidi salicylici . . . 1 gramme.
Glycerini amyli . . . 25 grammes. M.
SIG.—Apply as needed.

—(Dr. Juliens, Paris) *Phila. Med. Times.*

PEDIATRIC.

Craving for Lime.—Dr. Darby, of Pennsylvania, "cited a case of a child afflicted with rickets and could not walk. It craved lime so much that it would eat plastering off the wall. Lacto-phosphate of lime was given, and the child stopped eating the plaster and improved." He "had seen good results from the administering lacto-phosphate in connection with cod-liver oil."

In general, the above accords with our own observation and experience. Even the domestic animals often indicate a lack of a certain element in nutrition. For example, when a horse eats his trough, or the manger, or barnyard fences, he is after potash. We have watered one horse from a well whose waters held sulphate of potash in solution, and the relief was very prompt. Another horse in the same condition has been supplied with wood-ashes, with like good results. In like manner, when a horse inclines to eat clay freely, he will be quickly satisfied if furnished small quantities of sulphate of alumina. We may gain valuable lessons in therapeutics by closely

observing the lower orders of animals. Both the above experiments with horses have been so often repeated, with uniform results, that mistake is impossible.

Because the food of a pregnant or nursing woman is rich in bone-phosphate, it does not follow that she and her babe cannot be benefited by it in a concentrated form ; and all the more is this true because this salt is a primary factor in the process of nutrition.—*Ohio State Jour. Dent. Sc.*, Nov.

Sulphate of Iron in Catarrh of the Stomach in Young Children.—Dr. Roth says, in the *Pester. med.-chir. Presse.* that one of the most important symptoms of catarrh of the stomach is the acidity of the stomach and bowels. The vomited matters have an acrid odor, and take on a greenish color ; it is the same with the contents of the intestine. The parts soiled by these matters, the anus and scrotum, become red. The green color has been wrongfully attributed to the use of calomel. Absorbents have been used to destroy the acids, with tonics to combat the catarrh. But too often these remedies have not responded properly. In such cases Roth uses sulphate of iron, which exerts a multiple and favorable action. It is especially a disinfectant. The stools change their color and lose their bad odor. As an astringent, the sulphate of iron contracts the turgid mucous membrane and coagulates the albuminoid substances ; to have its proper effect, the use of the drug should be continued for several days. Dr. Roth uses the following formula : Sulphate of iron, 0.1 gramme ; mucilage of gum-arabic and simple syrup, each 20 grammes. A coffee-spoonful every two hours.—*Jour. Amer. Med. Ass'n*, Nov. 14th.

Hæmatemesis and Melæna in New-Born Children. — Dr. G. A. Raverty, Stanley Road, Liverpool writes : Having seen in the reports the Clinical Society particulars of a case of hæmatemesis and melæna occurring soon after birth, I send a short note of a case which occurred in this city last month.

A male child, of usual size, was born on September 21st, after fairly easy labor, and seemed to be doing well up to about five o'clock on the 22d, when the patient's mother noticed blood on the child's clothes. She, thinking it arose from defective tying of the cord, sent for the midwife in attendance.

On her arrival, the cord was found to be quite secure, but the napkin was saturated with blood. An action of the bowels indicated the source whence it came. The midwife sent for me without delay, and I saw the child about twenty hours after its birth, or three hours after the blood was first noticed.

I gave one grain of gallic acid, with four drops of tincture of catechu, every two hours. The bleeding continued during the night, and part of the next day, but very much less in quantity. On the third day it had entirely ceased.

The child is now doing well. Never having met a case of the kind before, I was greatly pleased at its happy termination, for which I had scarcely dared to hope.

There is a difference in the above case and that read by Dr. Sawtell, in the fact that there was no hæmatemesis, but only the hemorrhage from the bowel.—*British Med. Jour.*, Nov. 7th.

Sprains of the Elbow in Children.—Among other papers of much interest in the August number of the *Annals of Surgery*, edited by Mr. Keetley, is one by Mr. Hutchinson, Junior, "On Certain Obscure Sprains of the Elbow Occurring in Young Children." Commencing with an excellent survey of the literature of the subject, the author passes in review the various theories which have been adduced in explanation of the lesion. Not satisfied with these explanations, he made a series of experiments on the dead body, and found that the orbicular ligament of the radius had slipped up, with or without rupture of the subcircular membrane. For reduction, Mr. Hutchinson advises flexion of the elbow and pronation of the hand, when the ligament again slips down to its right place. The accident only occurs in children not more than six years old, and seems almost invariably to be produced by raising them sharply or dragging them by the arm, the hand being in a condition of supination. The accident is not uncommon ; and, if not recognized, the displacement may remain unremedied. Mr. Hutchinson is to be congratulated on being the first to settle the exact nature of the lesion by experimental inquiry and dissection.—*London Med. Times*, Nov. 7th.

Malaria in Children.—The peculiarities of malaria in children are thus summed up by Dr. J. P. Kingsley : The absence of

the chill and sweating stage; the slight periodic fever, which may be detected by the thermometer only; the frequent or periodic pains in the head or epigastric region; indigestion accompanied with nausea, vomiting, or diarrhœa; the frequent accompaniment of tonsillitis, pharyngitis, or bronchitis; the periodicity of the coughing spells, which occur most frequently at night; the necessity of examining the spleen by palpation and percussion, and of administering quinine to confirm diagnosis in doubtful cases.—*St. Louis Cour. Med.*

SURGICAL.

Advances in Surgery.—Dr. H. Grey Latham, of Lynchburg, presented to the Va. State Med. Soc. his report. He gave a running sketch of the discussion before the American Surgical Association on the "field and limitation of operative surgery of the human brain"; disapproved of extirpation of the larynx and trachea; spoke favorably of drainage of the lung for gangrene, etc.; and mentioned that laparotomies for many purposes are now established operations, as for strictures of the intestines, strangulations, excisions of organs non-essential to life, etc. Do not wait too long in strangulations of the bowels. Operate as soon as diagnosis of strangulation is clear. Operate as soon as vomiting sets in. Cut down so as to get at the cæcum. If this is distended, the cause of obstruction is below; if it be collapsed or not tense, the obstruction is above. If the strangulated coil of bowel is found to be gangrenous, the gut should be resected, and an artificial anus established. When laparotomy is rejected, adopt Nélaton's operation of enterotomy, performed in the right iliac fossa. Dr. Latham lays down as propositions, 1st, that the best guide to the seat of an obstruction is not manual exploration, but visual examination, assisted, if necessary, by extrusion of the bowel; and, 2d, no case of operation for intestinal obstruction is properly concluded until over-distended bowels are relieved of their contents.

The latest *operations for hernia*, obliteration of the sac or closing the neck are the guiding points, and invagination has been laid aside or neglected. *Digital dilatation of the pylorus* has been performed successfully for chronic non-malignant stricture. Make an incision in the stomach, introduce a finger through the opening, and forcibly distend the stricture. In *operative treatment of a rectal cancer*, the following are said to be reliable guides:

1. If the finger cannot be passed beyond the disease, unless it is confined to the posterior wall, do not operate.

2. The growth can be removed at a somewhat greater height when the disease is confined to the posterior wall.

3. If, when the finger has passed beyond the disease, the bowel is movable on the adjacent structure, generally speaking, the growth has not extended beyond the rectal walls and the case is suitable for operation; but if the bowel feels hard, rigid, and firmly bound to the surrounding organs, the case is unfavorable for an operation.

4. Examine carefully the abdominal viscera, and if secondary deposits be suspected in the liver, no operation should be performed.—*Jour. Amer. Med. Ass'n.*

Platypodia.—A tank-worker on the railroad first noticed a soreness about his feet coming on gradually; there were then swelling and signs of inflammation about the ankle, with pain on walking. His foot began to be everted, and the plantar arch was breaking down, while both ankles became enlarged, and the external malleoli became unduly prominent, while the internal malleoli could not be seen above the surrounding swelling. The tarsus was loose, and joint crepitus could be readily elicited. When walking, the weight of his body was thrown on the outer side of the foot. He was put to bed and massage and electricity were used. Six days later it is noted that there is less pain. One week later it appears that the right foot does not respond to the electricity as well as the left, but the feet are gradually assuming their normal shape. Four days later we find the muscles on the inner side of the leg stronger, and they respond readily to the faradic current. The next day a wad of oakum is placed beneath the arch of the foot, and he is allowed to get out of bed: the arch is greatly restored when he does not rest his weight on it. Sometime later he is discharged somewhat better.—(Pres. Hosp., Phila.) *Med. and Surg. Rep.*

Varicose Veins. — Dr. J. F. Fry strongly advocates the removal of a considerable length of the varicose veins, as first proposed by Dr. Steele, of Bristol, and

Mr. Marshall, of London. The following is the operation as detailed by Dr. Fry :

"An ink-mark about an inch long was made over each of the two varices (one near the ulcer, the other above the knee), and, the patient being under the influence of an anæsthetic, a Martin's rubber bandage was firmly applied from the toes to the middle of the thigh, and removed after a Foulis' tourniquet had been placed round the thigh at the upper margin of the bandage. The limb was now bloodless. Under carbolic spray (one in forty), a longitudinal incision was made through the lower ink-mark, but only skin-deep, and extending into the ulcer. The tortuous varix next was dissected out and ligatured above and below, and thus a piece of vein six inches long was removed through an incision one inch in length. The edges of the skin were brought together with silver-wire suture, and antiseptic dressing applied. The second varix having been treated in the same way, the limb was firmly bandaged and (after the tourniquet had been removed) swung in a Salter's cradle. During the first three days the temperature ranged between 99° Fahr. and 100° Fahr., and then fell to normal. The wound was dressed antiseptically on the third, fifth, and eighth days, and on the last date the sutures were removed."

The conclusions reached by Dr. Fry are as follows :

"If palliative measures afford sufficient relief, it is unwise to operate ; but of the various operations the excisions of the vein is the safest, and for its successful performance the following details must be strictly carried out :

"1. Exercise through several small incisions (not more than an inch in length) in preference to removing one large piece, as by so doing the vein is occluded at several points.

"2. Mark the site of the proposed incisions before applying the bandage, as the position of the varices becomes indefinite when the limb is rendered bloodless.

"3. Apply the Esmarch bandage carefully, so as thoroughly to empty the blood-vessels ; or, the wound becoming full of blood, there will be considerable difficulty in dissecting out the vein, and very troublesome hemorrhage may occur.

"4. Ligature the vein at its upper end, and dissect it out from above downward.

"5. Remove as little as possible of the tissues surrounding the vein ; but if this be unavoidable, take away also the deep fascia (which is but feebly supplied with blood, and will not favor union), and allow the skin to adhere to the vascular muscle.

"6. Apply the dressings and bandage the limb before removing the tourniquet. By this means hemorrhage is avoided and primary union encouraged.

"7. Above all, the careful employment of antiseptic measures is necessary, both during the operation and in the subsequent dressings."—*British Med. Jour.*, Nov. 5th.

New Surgical Dressing.—For some time past Dr. Robert Park has been using for the dressing of sores and ulcers a powder composed of burnt *kieselgühr* and iodoform, to which a varying proportion of eucalyptus oil or other odorating substance is added.

Kieselguhr, it may be mentioned, is a diatomaceous earth, and is otherwise known as peat. When this is burnt in a furnace an extremely light powder is the result, composed entirely of inorganic ash, varying in color from pure white to a pinkish tint. It is extremely absorbent and antiseptic.

As a diluent for iodoform, it has no equal, and, as it is much cheaper than the latter, it is economical in use. For insufflation it is admirably adapted, owing to its lightness and absorbent powers ; and it has been thus prescribed in naso-pharyngeal affections, and in gynæcological practice. Upon the whole, he has been well satisfied with the results.

For cases of chancroid it is better adapted than iodoform alone, in the proportion of equal weights. In this form, indeed, it is adapted for dressing either the soft or the hard sore.

As a dusting powder in erysipelas, erythema, and eczema, its advantages over starch and other powders are owing to its great power of absorbing moisture ; but its extreme lightness is against its use *alone* for this purpose.

Mixed thoroughly with absorbent cotton-wool, it adds greatly to its absorbent power, and furnishes it with detergent and antiseptic qualities. In this manner it forms an excellent elastic dressing for boggy ulcerations.—*Therap. Gaz.*, Nov.

Frost-Bitten Fingers and Toes.—Dr. Lapatin, in the Proceedings of the

Caucasian Medical Society, advises that fingers and toes which have been slightly frost-bitten, and which subsequently suffer from burning, itching, and pricking sensations, should be painted, at first once and afterward twice a day, with a mixture of dilute nitric acid and peppermint water in equal proportions. After this application has been made for three or four days, the skin becomes darkened and the epidermis is shed, healthy skin appearing under it. The cure is affected in from ten to fourteen days. The author has found the plan very effectual amongst soldiers, who were unable to wear their boots in consequence of having had frozen feet. They were, in this way, soon rendered capable of returning to duty.—*Med. and Surg. Rep.*, Nov. 28th.

Contusions of the Perineum.—Maurice Notta, *a propos* of a number of observations on the treatment of grave contusions of the perineum—with resulting traumatism of the urethra—as the result of fall, recommends the following treatment as most likely to result successfully :

1. The immediate performance of a long and deep median perineal incision, so as to lay open at once the contused region.

2. If at the end of some hours, owing to the distension of the bladder the symptoms are urgent, on account of the inability of the patient to urinate, he should be catheterized, or hypogastric puncture should be performed in case the posterior portion of the urethra cannot be found.

3. If, on the contrary, perineal incision is followed by evacuation of the bladder, during the subsequent time the patient is under treatment, direct catheterization should be practised, or search for the posterior portion of the urethra be made through the wound.—(*Gazette médicale de Paris*) *Phila. Med. News.*

Turpentine in Malignant Tumors.—Prof. Vingt, of Barcelona, employs a hypodermic injection consisting of one part of turpentine and two parts of alcohol in carcinoma and sarcoma, and has frequently succeeded (as reported in the *Revista de Ciencias Medicas*, No. 1, 1885) in causing these neoplasms to disappear. A local inflammation with fever, lasting about eight days, was the usual consequence of the injection.—*Therap. Gaz.*

Hydrofluoric Acid as an Antiseptic.—According to the *Union médicale*, hydrofluoric acid is one of the most powerful antiseptics, and has been used in tuberculosis, both pulmonary and surgical (wounds and glandular inflammation in tuberculous subjects). As a surgical antiseptic it has yielded interesting results. Commercial hydrofluoric acid should be diluted in the proportion of 1 to 2,000, 1 to 1,000, or 1 to 500. Internally, it may be used by inhalation. The patient is to be placed in a cabinet in which two drachms and a half of the commercial acid, diluted with its own weight of water, in a leaden vessel, are evaporated over a water-bath. The inhalation, which should last at least an hour, is to be repeated every day.—*N. Y. Med. Jour.*

Contusion of Arm. — While coupling cars, this man's arm was caught between the bumpers. He was brought to the Philadelphia Hospital at once, with a greatly swollen and painful arm, but no fractures. An apparatus was arranged by which cold water was constantly dripping on the arm, and he was discharged cured, without the supervention of any complications, eleven days after admission.—*Med. and Surg. Rep.*

India-Rubber Dressings.—M. Dujardin-Beaumetz, in a communication to the *Académie de Médecine*, states that it is an error to suppose that india-rubber cloths, used in dressings, are hurtful.—*Med. and Surg. Rep.*

Local Anæsthesia.—Dr. Govan, of Rockland County, stated at the N. Y. State Med. Ass'n, that he had used aniline oil for the purpose of producing local anæsthesia when laying open felons and performing other minor operations. There was absolutely no pain, even in cutting down to the bone, when the finger had first been dipped for a short time in oil.

Drainage of Ulcers and Surface Wounds.—Dr. H. Reder, of Aurora, Ill., writes that, thinking upon the deficiences of the ordinary methods of drainage and the dressing of wounds, he has been led to devise a new method. He uses a flat piece of sponge, from one half to one inch in thickness, in the centre of which he cuts a hole corresponding to the outline of the wound, but larger than it, so that the sponge may rest about half an inch from its edges. This piece is then soaked in any antiseptic solution which may be preferred,

and dried under slight pressure. It is then placed on the surface, the wound occupying the open part in the centre, and over it is put a piece of tinned wire netting with one hundred meshes to the square inch, wrapped in four layers of antiseptic gauze. Over this may be applied the ordinary antiseptic cotton or jute dressing. Dr. Reder says that he has found this dressing very useful in superficial wounds of large or small area in which there was a tendency to burrowing of the pus beneath the surrounding integument. The pressure of the sponge prevents this burrowing, and, the dressing being raised above the surface of the wound, there is no maceration from the retained secretions, and scabbing of the surface is promoted. When skin-grafts are made it is necessary to keep the surface moistened with equal parts of boroglycerine and water, otherwise the rapid drying of the wound may destroy the vitality of the grafts before they have taken root. The same dressing is, however, applicable to deep wounds, the openings of the drainage-tubes being in the open place beneath the wire cover. In the dressing of amputation stumps a cap is made of wire netting which covers the end of the limb. In erosions of the os uteri Dr. Reder employs the same principle. A cap is made to fit over the cervix and to this is attached a cone of wire gauze. Over the cone is drawn a rubber cap, a hole being cut in its centre corresponding to the apex of the wire cone. A cord is also attached to the apex of the cone in order to facilitate its removal by the physician or patient when desired. After making the desired application to the erosions the cap is applied over the cervix. The discharge flows away freely, while the eroded surfaces are protected from all friction, and healing is thus promoted.—*N. Y. Med. Record.*

Frontal Abscess in an Aged Woman. — Schlegtendal describes the following case. About a year previous to the operation described, the patient and her friends had noticed a swelling just above the inner right canthus, and it grew to the size of about half an apple, stretching some little distance up the forehead. It fluctuated distinctly, and was painful to the touch, but there were no cerebral symptoms, so that its connection with the skull was not thought of. It was diagnosed to be a cyst. An incision after exploratory puncture was made into the swelling and healthy pus exuded. The back wall appeared to have perforated the skull, and the brain pulsation could be distinctly seen. The wound was packed with iodoform gauze, and notwithstanding an attack of erysipelas, the patient made a good recovery in about a month, and went home with an obturator covering the opening into the skull.—(*Centralbl. f. Chirurgie*) *Lond. Pract.*, Nov.

Corrosive Sublimate as a Surgical Dressing.—While we are all familiar with the fact that the bichloridc of mercury is a most valuable disinfectant, yet we doubt whether its full power is realized, and whether it holds that high place in the estimation of surgeons to which its undoubted efficacy entitles it.

Considering it as one of the most valuable aids to the surgeon, we deem that all should be familiar with its merits, and we therefore desire to call notice in an especial manner to its use. In one of our hospitals in this city, solutions, varying from 1 to 1,000 to 1 to 5,000, are kept constantly on hand, and when cases of bruised and lacerated limbs are brought in they are at once enveloped in these solutions, and the results are truly remarkable. One case is so striking as to merit special note.

A small child was brought in with his leg so mangled (bones comminuted, etc.,) that the whole surgical staff (three prominent surgeons) decided that amputation was imperative. To this the parents so strongly objected that the surgeons were forced to yield. Explaining to the parents the almost certainty that the child would die, and placing the responsibility where it rightly belonged, the limb was encased in bichloride sawdust. Presto, result! an absolutely perfect limb.

Many such cases could be cited, but suffice it to say that by the use of corrosive sublimate we can save many limbs that would otherwise be sacrificed.

In this connection it will be well to note that Dr. R. J. Levis has great faith in the potassio-mercuric iodide. He has tablets prepared of such strength that one dissolved in a pint of water gives him a $\frac{1}{15000}$ solution, which, with hydronaphthol, constitutes his antiseptic armamentarium.—(*Editorial*) *Med. and Surg. Rep.*, Nov. 21st.

Bismuth as a Dressing for Wounds. —M. Gosselin and M. Héret (*Progr. med.*) have been studying the mode of ac-

tion of subnitrate of bismuth upon wounds. It is known that this drug has the effect of diminishing the oozing of blood after an operation. Although, in itself, it has no coagulating power, it acquires such a property by virtue of the disengagement of nitric acid upon the mouths of the capillaries. Moreover, it has an astringent action, due at the same time to the nascent nitric acid, and to the oxide of bismuth, a germicidal effect, and a special sedative operation. The subnitrate should be preferred, as the other salts have not, of course, the coagulating and constrictive power that is due to the acid. It may be used either in powder or by irrigation in the proportion of 1 to 50.—*N. Y. Med. Jour.*

Sponge-Grafting—What becomes of the Sponge?—Dr. John C. Cotton, of Meadville, Pennsylvania, U. S. A., asks this question. By some it is claimed that the sponge, after forming a temporary trellis or support for the new granulations, when they are able to support themselves, becomes digested and absorbed. By others it is maintained that the sponge itself becomes organized and forms a constituent of the new growth. Still, others contend that the sponge simply affords a proper covering for the new granulations, and by its presence stimulates their growth, and when this is accomplished, it is thrown off as effete matter. Dr. Cotton lays down the following deductions: 1. The sponge is not organized, but simply forms a support for the new granulations, which shoot up and interlock or coalesce through its meshes, until they become sufficiently strong not to require an artificial prop, when it is digested. 2. The sponge sometimes does rise in the wound, but in such cases it is the result of accident, such as want of sustained equable compression, etc. When perfectly successful it should adhere to the base of the cavity, and be completely enveloped in the new structure. 3. Epithelial cells are not always derived directly from an epithelial margin, but may be transmitted through a medium, probably pus.—*Provincial Med. Jour.*

Treatment of Carbuncle.—Dr. James Collins, Philadelphia Academy of Surgery: I have lately treated two cases of carbuncle on the back of the neck by a method which seems to have some advantages. The patient is put under the influence of an anæsthetic, and a linear incision made. I then take a scoop and remove all the necrosed tissue, and wash the parts thoroughly with an antiseptic solution of mercuric chloride. I then put in a drainage-tube, and insert two stitches to bring the central part together. Each day the cavity is thoroughly washed out with the antiseptic solution. The patients have done well, and the cicatrix has been less than after any other method I have tried. The success depends upon the removal of the necrosed tissue and the use of the antiseptic solution.

Dr. S. W. Gross: The plan of Dr. Collins is, I think, based upon proper principles. I consider it far the best operation yet suggested. By scraping away all the dead tissue he gets rid of the micrococci which produce putrefaction, which give rise to the sloughs. The application of the corrosive sublimate destroys the micrococci which line the walls of the cavity, and in that way removes the cause of the disease.

Dr. Mears: I would ask if Dr. Collins, in scooping out the dead tissue, found any thing like a thickened wall limiting the mass to be removed, and if he was able to satisfy himself that he has removed all the dead tissue.

Dr. Collins: I keep on scooping out until I reach a denser structure. The difference seems to be in the denseness of the tissue. The healthy tissue seems to be firm.—*Phila. Med. Press.*

Hydatid Tumor of the Thyroid Body.—Dr. Meinert, of Dresden, reports the case of a girl aged fourteen, in whom a swelling of the thyroid body for the last few months had occasioned great difficulty in breathing during labor or in ascending steps.

The remaining members of the family were healthy, and no goitre had ever existed in them. When about four years of age, when convalescent from typhoid fever, the neck of the patient had been lanced for abscess of the parotid (?), and the tumor first made its appearance a few days after. Until eight years of age, the swelling increased uniformly, continuing to grow until it reached its present size, that of a large orange, and situated almost in the median line.

On account of absence of fluctuation, the growth was at first considered to be scrofulous. Treatment with injections of

alcohol was first resorted to, and the slight resistance to the introduction of the needle at once attracted attention.

Explanatory puncture gave exit to a thin watery fluid, absolutely colorless, a result which was entirely unexpected, having never been confirmed in previous operations upon strumous conditions of the gland.

Consultation being held, incision was recommended, and being made, a pure white cyst rushed from the wound *in toto*. No scolices, or daughter cysts, however, were found. A drain was introduced, and in three weeks the wound was healed.

The origin of the cyst is supposed to be traceable to the presence of a family dog, which was the constant playmate of the child, the tænia having been introduced into the wound made to relieve the abscess occurring subsequent to the attack of typhoid fever.

The case is probably the first recorded instance of hydatid tumor of the thyroid body.—(*Centralblatt fur Chir.*) *Phila. Med. News*, Nov. 21st.

Treatment of a Rebellious Corn.—Dr. R. C. Newton, Assistant Surgeon. U. S. A., writes from Fort Elliott, Texas, concerning a soldier, thirty-three years of age, who was suffering from a large callosity, caused by a splinter which he had run into the sole of his foot two years ago. The callosity resembled an ordinary corn, but was as large around as a quarter of a dollar, and gave but little pain except when the man walked about. The corn was vigorously treated by excision, poulticing, scraping, salicylic acid, cannabis indica, collodium, etc., but without avail, for each time that it was removed it grew again with most commendable persistency. Anti-syphilitic treatment was also tried without success. Finally Dr. Newton had resort to liquid potassæ, as recommended by Erichsen for callosities, and, after making applications twice a day with this substance for a period of four months, was rewarded by seeing his patient cured and returned to duty.—*N. Y. Med. Record*, Nov. 7th.

Styptic or Hæmostatic Ether.—Dr. B. Ward Richardson gives us an ether which, while checking hemorrhage by cold, overcomes the subsequent relaxation of the vessels by its constringing action. He has had prepared a solution of absolute ether, having a boiling point of 95° Fah., charged to saturation at a low temperature with tannin, and afterwards treated with collodion, a little short of saturation. The compound ran easily through the spray tube without blocking; it produced good local anæsthesia, and it possessed an agreeable odor. He tested it in a few drachms of blood which had been deprived of its fibrin by whipping, and then left for two days exposed to the air until it underwent partial decomposition. The blood was placed in a saucer at the temperature of the body, the spray made to play upon it, and in five seconds the whole mass of blood was so thoroughly solidified that the saucer could be turned upside down without any escape of fluid. The blood was also deodorized, and remained inodorous for ten days.

When styptic spray is directed on an open bleeding, living surface, the primary effects are those produced by the cold—namely, the condensation and whitening of the tissues. If blood be flowing, it solidifies, and when the parts relax, new blood that may ooze up enters the solid blood as though it were a sponge, the coagulation soon stopping further flow.

The elements of this process are three in number:

1. The immediate constringent effects of cold on the blood-vessels.
2. The styptic action of the solution on the fibrin and albumen of the blood.
3. The extreme mechanical fineness of distribution of the fluid on the bleeding surface.

Styptic ether can also be applied to the hemorrhagic surface after the extraction of a tooth, for hemorrhage from cancerous disease of the uterus or other cause; and in cases of hemorrhage from piles.—*The Asclepiad.*

Urine in Lesions of Bones.—The condition of the urine in osseous lesions has been studied by M. Verchère, who has formulated the following propositions. The facts have been arranged into two divisions, according as the lesion is traumatic or inflammatory. The traumatic class is further subdivided into three groups. In the first group the osseous fractures were produced by insignificant causes, and examination of the urine showed that the discharge of phosphoric acid was much above the normal; consolidation of the fracture was not hindered by this excess of phosphates. The second group is composed of cases of

fracture in which union was retarded ; in these there was polyuria. In the third group there was delayed union with phosphaturia, which preceded the fracture and appeared to cause it. In inflammatory osseous lesions phosphaturia is the sign of a peculiar state of the system.—(*La France méd.*) *Lond. Pract.*

MISCELLANEA.

The Compound-Oxygen Humbug.—Oxygen has a very narrow range of therapeutic utility, however applied. It is somewhat curious that a special oxygen or compound-oxygen treatment has been able to gain so much support, and extract so much money from a credulous public. Regarding this matter, Dr. Wm. B. Clarke, of Indianopolis, Ind., sends us an account of the way in which he was deceived by person of whom he had bought an "oxygen-plant." The person in question claimed that the formulæ were the same as those used by the quacks Starkey and Palan. The following are the formulæ, *verbatim* : "Comp. Oxygen Treatment : ℞. Citrate ammonia, 25 parts ; Carbonate ferri, 1 part ; mix, put in retort, apply gentle heat till whole compound comes to a boiling heat, then add heat gradually, and conduct oxygen to the tank. Home Treatment of Oxygen : ℞. Nitrate ammonia, 1 ounce ; chlorate potassa, 1 drachm ; alcohol, 2 ounces ; aqua distilled, 14 ounces ; mix ; one teaspoonful to inhaler full of hot water ; inhale two or three times a day." By the first formula, says Dr. Clarke, nothing is prduced but laughing gas, and this is the real compound oxygen. The carbonate of iron is of no chemical import. By the second formula nitric oxygen or nitrous oxide is evolved. The exhilarating effects of nitrous oxide, and its stimulating effect in the treatment of certain nervous conditions, may account for some successes.—*N. Y. Med. Record*, Nov. 21st.

Electrode Coverings.—Dr. Massey proposes the use of absorbent cotton as a substitute for the sponge covers ordinarily employed in rheophore disks or points. The cotton is easily applied ; it holds enough moisture to conduct properly ; it is clean, and cannot convey any disease from one patient to another, which is a point not usually thought of by general practitioners. We have always used fresh covers of muslin for each case, held on by small rubber bands, all of which can be relegated to the waste-basket when done with. But the idea of Dr. Massey is at once simple and efficient after the knack of twisting the cotton is acquired, at least in the smaller rheophores. In large disks sponges will, we think, still be the better ; and they must, of course, be thoroughly cleansed by boiling water and carbolic or sublimate soap after each application.—*Phila. Med. Times.*

Aseptol as an Antiseptic.—M. Terrant believes that aseptol is a more useful and safer antiseptic than carbolic acid. It is more soluble in water, is but slightly caustic, and hardly at all toxic. The urine of an adult, to which one part in one hundred of aseptol had been added, was exposed to the air, sun, and every variation of temperature for fifty days without undergoing decomposition. Other experiments were made with fragments of meat, river water, beer, and the contents of latrines, with corresponding results.—*London Lancet.*

Emetics.—At the Medical Society of London Dr. C. J. Hare read a paper entitled "Emetics : their present neglect in the treatment of disease ; is it reasonable ? is it right ?" The subject of the communication was one of the numerous points referred to in a previous address on "Good remedies out of fashion." Although not a panacea, in certain cases emetics cured in a marvellously short time ; and in others they appeared capable of saving life. The author passed in review the various members of this group of drugs, and their doses. Speaking generally, ipecacuanha was the most useful, in doses of twenty to twenty-five grains of the powder mixed with water, or of six to eight drachms of the wine. Now and then purgation resulted, instead of emesis ; but persistent diarrhœa was never set up. The chief value of emetics consisted in their mechanical action upon the viscera ; the stomach was not only emptied, but its innumerable follicles were cleared by pressure, the lungs were compressed, and mucus forced out of the air-tubes, and the œsophagus, larynx, and fauces were swept clean. Allusion was made to cases of recurrent vomiting, commonly termed "bilious, sick headaches," although more justly to be called "stomach-aches in the head." The persistent vomitings were endeavors of nature to expel

the slimy mucus of the gastric follicles and the morbid ferments which it contained. The desired results were often at once effected by an emetic. Many anomalous ailments, accompanied by loss of appetite, nausea, the non-enjoyment of life, ill-temper, etc., were due to a similar cause, and similarly relieved. The removal of the ropy mucus was promoted by washing out the stomach by means of warm water, which excited additional vomiting. Emetics were sometimes of signal service in severe bronchitis, and in capillary bronchitis; the fear of "exhaustion" being produced by emetics was almost confined to those who never administered one. Attacks of catarrhal croup might be cut short, in children, by half a teaspoonful of antimonial wine; and in membranous croup expulsion of the tough exudation was sometimes effected. Emetics were useful in the early stages of continued fever, of scarlatina, and of measles, and in some cases of whooping-cough. They were decidedly beneficial in the treatment of delirium tremens, and also in acute mania. By the same means the paroxysms of ague could be greatly modified, and either arrested or rendered more amenable to quinine. Drugs and diseases bore much the same mutual relation as in former ages; and as emetics were then found useful, so they would be now, if fashion did not prevent their employment.—*Med. World.*

Sea-Water Made Palatable.—Sea-water can be rendered palatable by removing the chlorides, and Thomas Kay, President of the Stockport (Eng.) Natural History Society, says citrate of silver will do this. He says that one ounce of citrate of silver will convert half a pint of sea-water into a drinkable fluid, and a man can keep alive on it a day, or seven ounces will serve to sustain life for a week. He proposes that bottles of the citrate of silver should be secured in the life-boats of ships, and used when absolutely required.—*Denver Med. Times.*

Effect of Alum Gargles upon the Teeth.—M. Young prescribed a gargle containing a small proportion of alum for a woman suffering from chronic pharyngitis with catarrh of the middle ear. The patient, finding relief, continued its use for some three weeks. But perceiving that, at meals, her teeth began to crumble into little pieces, she consulted her dentist, who considered it due to the alum gargle, as when the enamel is removed from the teeth, the alum breaks down the dentine. To prevent this, it is best, immediately after using an alum gargle, to wash the mouth out with a solution of bicarbonate of soda or an alkaline water.—(*Courier médical*) *Jour. Amer. Med. Ass'n.*

Chromic Acid as a Caustic.—Dr. Squibb says chromic acid is a valuable caustic, "because it is self-limiting in its action in a degree that no other destructive caustic is. It is an active oxidizing agent, and destroys the tissues to which it is applied by oxidation. In this respect it is like other caustics, as nitric acid. But every molecule of chromic acid which destroys a molecule of organic tissue is itself destroyed and rendered inert by being reduced to an insoluble oxide of chromium; and this principle and degree of self-limitation is not obtained from any other caustic."—*Canada Lancet.*

Water for Hypodermic Use.—A sure but, so far as we are aware, little practised method for disinfecting water for hypodermic use is to boil it. It is not sufficient that the water be boiled when the hypodermic solution is made for the case bottle; it should be boiled on the spot. The requisite amount is put into a teaspoon, a lighted match is held under it, and the fluid injected while warm. If the practitioner prefers, as many do, to make the solution p.r.n., the required amount of the drug or a pellet may be placed in the spoon, reduced to a powder—better still placed in the water and reduced—and the heat applied, the increased temperature favoring the solution. In this manner the bisulphate of quinine may be used without any acidulous accessory, and without the unpleasant effects so often seen after hypodermics of quinine.—*N. Y. Med. Record.*

Bed-Sores.—An esteemed subscriber wishes us to state that a cushion stuffed with curled hair, and made at least three feet square and three inches in thickness, with a hole in the centre six inches across, will be found to be superior to the ordinary india-rubber air-cushion in certain cases where it is necessary to turn the patient over on the side at short intervals for the relief of bed-sores.—*Boston M. and S. Jour.*

Vaporizer.—A new antiseptic vaporizer was exhibited by Mr. R. F. Benham

(Harveian Soc.). Mr. Benham stated that some antiseptic agents, carbolic acid foremost, did not become converted into vapor at ordinary temperatures; hence the objection to most inhalers. The apparatus exhibited, which was of small size and inexpensive, consisted of a closed chamber (heated by a spirit-lamp) for the reception of water and of the disinfectant, provided at its upper part with a vent-hole of only sufficient size to allow the steam to escape under some pressure. On the principle of Hero's engine, a narrow horizontal tube, open at both ends and at its middle point, and balanced on a pin projecting from the top of the boiler, was made to revolve with considerable rapidity by the steam issuing from its extremities, and became the means of diffusing steam and antiseptic in a state of perfect mixture.—*British Med. Jour.*, Nov. 29th.

Anæsthesia by the Mixed Method.—This method of producing anæsthesia has been highly spoken of by many leading surgeons. It consists in the administration of a hypodermic injection of morphine and atropine prior to the inhalation of ether or chloroform. The stage of excitement is very slight, anæsthesia occurs more rapidly, and the patient rarely vomits. A large dose of bromide of potassium on the evening and morning before the operation, has been found to bring about similar results, and is worthy of further trial. In a few cases in which we have tried it, the good effect has been very wonderful.—*Canadian Lancet.*

Accidents with Dental Spring-Gags.—H. Cripps Lawrence, L. R. C. P., Lond., Oxford Terrace, Hyde Park, writes: While giving nitrous oxide gas for the extraction of a tooth, an accident recently happened which merits notice. The gag was of a somewhat new pattern, one of those containing a spiral spring, with a movable end to admit of adjustment. When the patient was under the influence of the gas, the gag slipped with an audible click; and on removing it from the mouth, the upper end, which is attached by solder instead of being in one piece with the movable cylinder, was found detached from the latter, and free in the mouth. Such an accident is by no means free from risk as regards the glottis, and points to the necessity of some method being devised to unite the cylinder and tooth-plate, which will absolutely prevent the possibility of such an occurrence.—*British Med. Jour.*, Nov. 7th.

Chloroform Injections—Caution.—An untoward result of a submucous injection of chloroform is reported by M. Blocq (*Progr. mèd.; Ctrlbl. f. Chir.*). Five or six drops were injected into the gum, as has been recommended for toothache, and immediately an intense and painful swelling of the face took place, followed by rather extensive sloughing of the mucous membrane of the upper lip and the gum, suppuration that lasted for months, and superficial necrosis of the maxilla.—*N. Y. Med. Jour.*, Nov. 21st.

Liquid Spice Plaster.—

℞	Capsicum	ʒ	4
	Cloves	ʒ	4
	Cinnamon	ʒ	4
	Ginger	ʒ	4

Exhaust with stronger alcohol, evaporate to 4 ounces, and add to a solution of:

℞	Resin	ʒ	9	3 2
	Venice turpentine	ʒ		7
	Alcohol (95 per cent.)	fl. ʒ		12

Spread with a camel's-hair brush on paper covered with muslin, and apply in lumbago, muscular rheumatism, pain in chest, etc., over place of pain.

—*National Druggist.*

Hippocrates.—The Cincinnati *Lancet & Clinic* tells us that Hippocrates, the so-called Father of Medicine, did not believe that Heaven was the sender of plagues and pestilences. He did not believe that human prayer was any bribery to the All-High, and thought that medicine and religion should be separately considered. He lived to see his hundredth year and died 360 B. C.

Subacute Rheumatism. — Professor Da Costa frequently prescribes:

℞	Potassii acetatis	ʒ	ss.
	Tinct. digitalis	ʒ	j.
	Liq. potassii citratis	ʒ	iiss.
	Syr. simp.	ʒ	iss.

M. SIG.—One tablespoonful every three hours.

—*Med. Bulletin.*

Ointment for Phlegmasia.—℞. Pure lard, 30 grains; extracts of opium, belladonna, hyoscyamus, and conium, of each 3 grains. Mix. Rub over the inflamed veins.—(*Bullet. gén. de therap.*) *Can. Pract.*, Nov.

GENERAL INDEX.

Abdominal aneurism—rest, lead, and ice, 251
Pain a symptom in slow intra-pericardial hemorrhage, 347
Section a means of diagnosis, 465
Support during pregnancy, 181
Tumor, 353
and uterine supporters, 382
Abortion due to renal disease, 553
Abortive treatment of pneumonia, 247
of typhoid fever by mercurial inunction, 290
Abscess emptied without cicatrix, 284
in the lung, 10
of both frontal sinuses, 422
of the brain, 341
Absorption of medicaments by the skin facilitated by electric baths, 126
Abuse of tonics, 13
Acetate of lead in hæmoptysis, 201
Acid mannate, 430
Remedies and their relation to dyspepsia, 112
Acne, demodex foll., 550
from urethral irritation, 127
General treatment, 177
A Colombian opinion on infantile convulsions, 280
Aconite in neuralgia, 200
Poisoning, 181
Aconitine for anæsthetizing sensitive dentine, 143
in congestion of the bowels, 351
Action of caffeine on the conjunctiva, 219
of lightning in paralysis, 436
of santonine upon the liver, 496
Acute abscesses, 284
Articular gout, 347
Bright's disease, 67
Bronchitis, 346
Cholera, treated with continuous inhalations of chloroform, 151
Coryza, 106, 250, 490
Cystitis, 448
Diabetes, 96
Dysentery, 113, 446
Earache, 506
Encephalitis of childhood, 43
Foxglove-poisoning, 569
Glossitis, 444
Mania at the menstrual period, 40
Melancholia, 102
Meningitis in relation to disease of the nasal mucous membrane, 245
Myelitis in the cervical region, 293
Myringitis, 363
Acute Nephritis, 212, 308
Œdema of the epiglottis—incision, 389
Papular eczema, 177
Pericarditis in the aged, 391
Pharyngitis, 350
Pleurisy, 201
Rheumatism, 349, 426
Cold sponging, 493
Shock of syncope, 487
Lobar pneumonia, 106
Traumatic malignancy, 45
A danger in gastrostomy, 18
Addison's disease, 501
Adipose diarrhœa, 19
Adjunction of chloroform and cocaine, 218
Adjustable chairs, 336, 383, 479
Administration of iodide of potassium in milk, 214
Affections of the ear influenced by or dependent on malaria and defective drainage, 76
of the gum in relation to other diseases, 17
of the labyrinth, 363
A fine wine, 46
After-treatment of lithotomy where the bladder is sacculated, 67
After-treatment of vaccine vesicles, 99
A human sulphide, 369
Albuminuria and the mercurial treatment of syphilis, 355
in skin diseases, 321
Albuminate of mercury in the treatment of syphilis, 356
Alcohol incompatible with chloral hydrate, 462
Alcoholic gastritis, 162
Opium, and tobacco excesses, 129
Poisoning, 224
Alcoholism, 342
Injection of sulphate, 382
Monobromated camph. in, 533
Aletris farinosa, 375
Alexander's operation of shortening the round ligaments, 38
Alkaline urine changed to acid by inhalation of nitrite of amyl, 212
Alkalinity of urine, 116
Alkaloids in flour, 511
Alleged cholera vaccination, 241
Poisoning by colchicin, 84
Alopecia, 237, 509
Alum, 142
Alveloz in cancer, 268
Amaurosis due to bromide of potassium, 454
Ammonia in the treatment of collapse, 300
Ammoniacal disks as vesicatories, 430
Amyl formula, 142
Amyl, nitrite—opium poisoning, 129
Anæmia, 443
tympani, 364
Vin Mariani, 47
Rheumatism, 301
Anæmic amenorrhœa, 90
Anæsthetic in ophthalmic surgery, 75
Anæsthesia, 522
by mixed method, 568
Caution, 234
of eye, 454
Anæsthetics, 425
Analeptic action of subcutaneous and intravenous injections of liquor ammoniæ, 108
Anaplastic operations, boroglyceride, 312
Aneurism at base of brain, 155
of the common carotid, cured by rest, iodide of potassium, and compression, 392
Angina pectoris, 62
Angioma, congenital, 551
Aniline dyes, 179
Anodyne counter-irritation, 427
for children, 470
Antidote bag, 181
Anti-hemorrhagic, 253
Antimony in the treatment of psoriasis, 508
Antipyretics in fever, 97
Antipyrine in rheumatism, 393
Anti-rheumatic mixture, 443
Antiseptic atmosphere, 99
Curette, 374
Inhalations in pulmonary tuberculosis, 297
Spray in the treatment of erysipelas and burns, 177
Steam irrigation of foul wounds, 141
Vaginal injection, 229
Midwifery, 412
Ointment, 425, 473
Solutions of cocaine and other alkaloids, 218
Aperient during pregnancy, 144
Aphasia in lesions of the Island of Reil, 340
A pill for scarlatinal nephritis, 162
Apomorphine for alcohol poisoning, 287
in asthma, 106
in croup and bronchitis, 489
Apparatus for removing diphtheritic membrane, 146
for transfusion, 108
Application for elytritis, 188
for ozæna, 154
in orchitis, 214
of midwifery forceps, 226
of remedies in collodion, 175

Application of the antiseptic method to eye-surgery, 261
Applications of corrosive sublimate and glycerine in epithelioma of cervex uteri, 229
A practical lesson on diet and death, 368
Aqua creasoti for burns, 366
A query, 355
Ascelepiad, 428
Aseptic hands, 423
suture silk, 93
treatment of alimentary tract—hydr. oxy. flav., 301
Aseptol as an antiseptic, 566
Asiatic cholera and the king of Italy, 97
Argyria, 269
Arm, contusion of, 562
Arrest of digestion, 479
Arsenic in anæmia and atrophic conditions, 298
in Glauber's salts, 462
in the treatment of lymphoma, 222
Arsenical poisoning, 343
Artificial limbs, 286, 334, 432, 478
Artificial third tympanic membrane, a new mode of treatment of chronic otorrhœa, 219
Aspergilli, 123
Aspergillus, galvano-cautery, 455
Asphyxia from blood in the trachea, 60
of the extremities, 491
Aspiration in diagnosis, 379
in traumatic cataract, 454
of small-pox pustules, 147
of the bladder, 352
Aspirator in hydrothorax, 153
Asthenic fevers, tonic, 148
Asthma, 101, 123, 391, 490,
morphia and iodide of ethyl, 249
Astigmatic blepharospasm, 171
Astringent of the urinary tract, 448
Astropia in chloroform inhalation, 128
Ataxy following diphtheria, 55
Athetosis, 7
Atomizing, 478
Atonic dyspepsia, 394
Atrophy of muscles in pleurisy, 296
of optic nerves, 27
of optic nerves after mumps, 169
Atropia in chloroform inhalations, 84
in severe electric shock, 54
Atropine in epilepsy, 246
Auditory disturbances caused by exposure to the discharge of firearms, 505
Aural pledget for facial neuralgia, 79
Vicarious menstruation, 318
Auricle, malformed, operation, 548
Autoplasty, 285
Autophony, 221
Auricular vertigo, 30
Bacteria two hundred years ago, 144
Bacterioterapy, a new method of treatment, 433
Balfour's chloroma, 376
Balsam copaiba in burns, 366
Balsam of Peru combined with various metallic oxides as an adhesive dressing for many lesions of the skin, 267
Bed-sores, 195, 567
Beech-nut in the lungs 30 years, 526
Beef peptonoids, 238, 336, 480
Beef powder in the treatment of simple ulcer of the stomach, 494
Beer in excessive vomiting in pregnancy, 37
Beets as a local application, 269
Belladonna as an antidote of iodide of potassium, 462
in the treatment of intestinal obstruction, 351
Benzol in epithelioma of the eyelid, 503
Berries of the snow-ball tree in angina pectoris, 392
Bicarbonate of soda in iodoform poisoning, 85
in suppression of urine, 258
Bicarbonate of sodium in iodoform poisoning, 179
Bichromate of potash for obstinate syphilis, 357
Bilateral clonic spasm of the platysma myoid muscles, 196
Biliary colic, 350
Salts in the blood of choleraics, toxic alkaloid in the dejecta, 144
Bismuth as a dressing for wounds, 563
Bisulphide of carbon as an antiseptic, 129
in treatment of neuralgia, 199
Bite of a rabid animal, 472
Bites from bugs, 95
Bleeding in drunkenness, 110
Blepharitis, chronic, 547
Blindness due to lead poisoning, 169
Blistering and lead-nitrate ointment for ulcers, 33
Blisters in the head, symptoms produced by cranial lesions, 388
Blood, 110
Blood-cyst of supra-renal capsules, 114
Blood in bladder, suction, 162
Blood-poisoning treated by hypodermic injection of carbolic acid, 443
Boras as a disinfectant internally, 49
Boric acid as a preventative of mammary abscess, 328
Boroglyceride, 331, 358, 367
Bougie treatment of chronic gonorrhœa, 260
Boxing children's ears, 173
Brain exhaustion—vitalized phosphites, 237
Tension, 294
Troubles affecting the eyes, 501
Trouble depending on trivial ear affection, 318
Bran for constipation of children, 232
Breast pump, 276
Bromide of potassium in retinal hyperæsthesia, 120
Bromides, 287, 334, 477
Relative value, 431
Bromine as a disinfectant, 180
Bromidrosis of the feet, 175
Bronchial catarrh, 154, 346
Bronchitis, 104
Chronic, 154
Infantilis, 377
in young children, 377
with valvular heart disease, 249
Buboes, to abort., 311
Buckwheat flour in diabetes, 307
Building on disused burial grounds,
Bulb suppositories, 287 [4
Burns, 508
Albumen of eggs, 269
Buttermilk as a remedy for vomiting, 446
for children, 332

Cabs and infectious diseases, 370
Caffein a substitute for digitalis, 17
Caffeine in Bright's disease, 165
Calomel in purulent otitis media, 457
Calculus removed from a tonsil, 64
Calmative for teething children, 418
Camphor inhalations, 426
Cancer, duration, 473
of the eye, 120
of the kidney in childhood, 41
of the peritoneum, 112
of the tongue and smoking, 207
of uterus, 36
Cancerous cachexia, 466
Growths, 134
Tumor of vagina, local anæsthesia by cocaine, 229
Cancroid—Euphorbia het., 545
Cannabis indica as a local anæsthetic, 141
Can tuberculosis be communicated by vaccination? 291
Capillary bronchitis, 60
Puncture, 23
Capsicum in gastro-intestinal affections, 493
Carbolic-acid enemata in dysentery, 255
in indigestion, 160
Carbonate of ammonia in scarlet-fever, 195
Carbuncle, 285, 549
Carcinoma of the celebellum, with scirrhus of the lungs, 436
of the peritoneum, 208
of the rectum, 446
Sugar in blood, 538

Cardiac palpitation, 142
and renal dropsy, 145
Debility, 16
Pulsation, 537
Spasms, 394
Weakness, 61
Cardiography, 490
Care of the cord of new-born, 326
Caries of the spine in process of cure by Sayre's jacket, 232
Carnrick's beef peptonoids, 382
Cases in which perforation of the mastoid cells is necessary, 75
Castrodynia, 65
Catalepsy in a child three years old, 281
Cataract, 545
Catarrh and hay-fever, 105
Circular tubercular mats, 203
Chronic bronchial, 203
Pharyngeal, yellow oxide of mercury, 203
of stomach in children, 559
of the intestines, 377
Catarrhal bronchitis, 13
Fever, 340
Cause of corneal opacity following, 360
of death in anæsthesia, 234
and treatment of albuminuria, 355
of death in new-born children, 91
Cautery in destructive corneal processes, 402
Caution in the use of cocaine, 26
in treating infants, 378
Celery, 528
Cellulitis of the neck, 281
Celluloid strips for Sayre's jacket and other purposes, 94
Cellulose as a surgical dressing, 474
Central monoplegia, 7
Cerebral arm centre, 56
Hemorrhage and embolism, internal use of carbonate of ammonia, 299
Cerebral hemorrhage, carb. amm., 536
Hyperæmia, 437
Localization, 148
Surgery, 284
Syphilis, 117
Cerebrotomy, 93
Cervix, laceration of, 558
Chancre, 24
of the eyelids, 312
of the eyelids in infants, 215, 357
of the uterine cervix, 186
of the tongue from use of spoon, 166
Chancroid, 72, 400
Changes in the heart and vascular system in acute nephritis, 61
Charcoal and camphor in chronic ulcer, 438, 473
Charcot's disease, 235
Cheiloplasty, 236
Chemical poisons, 34
Cheron's treatment of chronic pelviperitonitis, 414
Chest-weakness, the snow cure, 202
Chilblain crayons, 321
Chiselling of the mastoid process, 404
Chloral and ammonium bromide in febrile delirium, 484
hydrate in gonorrhœa, 119
in Albuminaria, 449
in chorea, 56
in convulsions of children, 189
in tetanus infantum, 518
Treatment of diphtheria, 243
Chloride of calcium, 528
Chlorine battery, 479
Chloroform externally in labor, 87
Injections, caution, 568
in the treatment of post-partum hemorrhage, 375
Water a hemostatic agent, 252
with cocaine in eye-operations,
Chlorosis, 61, 205, 393, 443
Chocolate as a medium for administering the bromide and iodide of potassium, 215
Cholagogue or ague cure, 292
Cholelithiasis, 112
Cholicystenterostomy, 65
Cholera, 3, 98, 338
Contagion, 385
Infantum, 376, 407, 431, 478
Infantum, chloral, 232
Infantum, Mellin's Food, 380
Morbus, p. 350
Treatment with iodine, 98
Chordee, 118
Brom. camphor, 168
Chorea, 53, 247, 437
with anæmia, 437
Chromic acid as a caustic, 567
Chromatic diagnosis of leprosy, 339
Chrome water in treatment of syphilis, 309
Chronic ague, 340
Arteritis, 252
Atony of bladder, 398
Bronchitis, 440
Catarrh of bladder, 116
Diarrhœa, 446
Herpes of palate, 349
Inflammation of the Eustachian tube and tympanum, 172, 265
Malaria, 99
Malarial intoxication, 196
Meningitis, 246
Nasal catarrh and bronchitis, iodide fumes, 249
Otitis media, 362
Otorrhœa, 77
Pharyngitis, 64
Phthisis—Duffy's Malt Whiskey, 476
Psoriasis, 127
Rheumatism, 383, 443
Vaginitis, salicylic acid, 187
Cicatrices, 472
Cicatrization, to promote, 321
Cigarmakers' cramp, 197
Circumcision, 22
Cirrhosis of liver, 112
Citrate of ammonia, 142
City physician's phæton, 287
Cleansing the tracheotomy, 59
Climate and its relation to health, 127
Climax dilator, 334
Clinical thermometers, 239
Clitoridean crisis before the pains of progressive locomotor ataxia, 292
Closed-cell pocket battery, 238
Closed urethra in the new-born
Clotted blood in the bladder, 69
Coca calisaya ferro-phos., 335, 431
in the treatment of inebriety, 101
Preparations, 238, 479
Cocaine as an antidote to morphia, 180
Cocaine discs, 144, 172, 455.
Cocaine for sore nipples, 328
Hydrochlorate in otalgia due to catarrhal inflammation of the ear, 174
Hypodermics, 200
in angina and neuralgia of the trigeminus, 110
in chordee, 168
in chronic cystitis and irritable bladder, 163
in coryza, 155
in dentistry, 142
in diseases of the ear, 317
in infantile coryza, 417
in obstetrics, 465
in opening bubo, 261
in senile gangrene, 300
in sickness, 438
in "snuffles," 298
in the avulsion of ingrowing toenail, 421
in the treatment of sore nipples, 373
in vaginismus, 91
in venereal and syphilitic disorders, 309
Its solubility, 75
Mydriasis antagonized, 426
Ointment for piles, 47
Prior to introducing the stomach-tube, 446
Used in the extraction of a bullet, 424
Used in vomiting of pregnancy, 184
with pilocarpine, 264
Cocainization of the bladder, 305
Cod-liver oil and lime water in scalded throat, 230
Cod-liver oil tonic, 479
Cold, 104
Ablutions of the feet for cold in the head, 528
Abscesses, 235
as an oxytoxic, 327
Hands and feet, 407
Collecting urine, 212
Collodion, medicated, 82
Treatment of cholera, 482
Collyrium, 315
Coloboma of eyelid, 547

Colotomy, 161
Colo-utero-vaginal fistula, 330
Combination of bromides for epilepsy, 150
of cocaine for insufflation, 250
Combined administration of belladonna and iodide of potassium, 261
Comma bacilli, 3, 88
Commencing hernia, 66
Common colds, 298
Comparison of toxic effects of cocculus indicus and strychnia, 239
Complete aspiration, 58
Complications in a midwifery case, 371
Compound-oxygen humbug, 566
Concretions in the pancreas, 19
Concussion of brain, 519
Conduct of the third stage of labor, 411
Condylomata on tongue in syphilis, 358
Confectioners as druggists, 35
Congenital cyst of the tongue, 253
Dermoid tumor of the testicle, 211
Syphilis, 310
Congestion, 349
Coniine in the treatment of cough, 427
Conium for sleeplessness, 287
Conjunctiva, gumma of, 546
Conjunctivitis, rheumatic purulent, 546
Conjunctival hemorrhage, 217
Hyperæmia, 121
Conococcus and abortive cure of blennorrhagia, 119
Conservative surgery, 190
Constipation, 66
and dyspepsia, 113, 280, 304
Constituents of ergot of rye, 372
Constitutional syphilis, 500
Treatment of diseases of the uterus and its appendages, 184
Contagious and infectious diseases, 225
Continuous pressure in keloid, 93
Contracted pelvis, 132
Contra-indications to mercury in syphilis, 166
Convalescence, 238
Convenient antiseptic solution, 236
Convulsions, 42
in children, 520
in children, nitrite amyl, 232
Convulsive gaping, 341
Corn or callosity, 565
Corrosive sublimate as surgical dressing 563
Sublimate injections in joint diseases, 141
Corsets of the parturient, 480
Coryza, tinct. aconit. fol., 13.
Costiveness, 304
Cough, 60
Due to elongated uvula, 249
Counter-irritants suitable for children, 377
Cramp of the uterus during labor, 413
Craving for lime, 558
for stimulants, 487
Creasote a solvent of quinine, 292
Water as a local anæsthetic, 223
Credé's method of delivering the placenta, 370
Cremation in its sanitary aspects, 408
Crises of muscular stiffness at the commencement of locomotor ataxia, 150
Crosby's vitalized phosphites, 335
Croup, 103, 439
and intubation of the larynx, 248
Antiseptics, 535
Croupous and diphtheritic conjunctivitis, 313
Cucaine in litholapaxy, 354
Cupping in hernia, 394
Cure of crooked noses, 420
of infantile paralysis by electricity, 416
of mental disease by cranial counter-irritation, 435
Cutaneous administration of salicylic acid, 509
Affections of the ear, 81
Eruptions in cholera, 507
Cysticercus of the mammary gland, 133
Cystitis, 21, 398
in the aged, 259
in the female, 164

Damage of the heart, 16
Dangers from infected straw, 325
Danger from sudden changes of temperature, 281
in tracheotomy, 58
of acid cheese, 274
of blistering in incipient pneumonia, 248
of ether in obstructive mitral disease, 109
of syphilitic infection through use of brushes and instruments, 71
of too early repetition of iodine injections in hydrocele, 70
Dangers of the aspirator-needle, 40
of working in a chromic-acid factory, 85
Dry treatment of burns, 407
Dead-shot for a tape-worm, 495
Deaf-mutism and consanguineous marriages, 174
Deafness as the alleged result of a blow, 318
from enlarged tonsils, operation, 173
Death from electricity, 150
Debility of convalescents, 428
Decoction of lemon in the treatment of urethritis, 311
Delirium in Bright's disease, 448
Delivery of the after-coming head, 36
Dental gags, caution, 568
Dentist's leg, 387
Deodorants, antiseptics, and disinfectants, 179
Depurative drops, 358
Dermo-epithelioma of the cornea, 171
Desquamative inflammation of the meatus auditorius externus, membrana tympani, and middle ear, 316
Destroy cholera excretions by fire, 193
Detection of copper and lead in wine, 324
Detection of oleomargarine, 432
Small quantities of sugar in urine, 398
Spermatozoa in rape, 469
Sugar in urine, 498
Determination of chlorine in the urine, 496
Dextrine paste for freckles, 321
Diabetes, 20, 308
Insipidus, 447
Mellitus, 68, 117, 447
in children, 137
Diabetic cataract, 73
Neuralgia, 198
Diagnosis and treatment of diseases of the Fallopian tubes, 90
between indurated chancre and herpes, 356
Chancre of the tonsil, 450
of apparent death, 429
Earache in children, 506
Gastric fever, 494
Gonorrhœa in the female, 311
Obscure cases of nephritis, 308
Renal disease, 164
Submersion during life or after death, 192
Diagnostic errors and practical hints, 130
Sign of pregnancy in the first month, 132
Diaphoretic, 298
Mixture, 435
Treatment of nephritis, 306
Diarrhœa, 31
and feeding-bottles, 470, 519
in infants, 143
Acids and alkalies,
of infancy, 418
Diet in hot weather, 367
Diffusible tonic, 142
Digitalis as a cardiac stimulant in children, 519
in hysteria, 342
vs. quinine in heart disease, 538
Digital exploration of the stomach, 303
Dilated heart-swelling of extremities, 491
Dilatation of os by cocaine, locally, 554
of the stomach, 495
in children, 231

Dilators, 478
Diphtheria, 5, 95, 99, 427, 530
Calomel, 146
Chinoline, 146
Chloride of zinc, 242
Cocaine, 6
Pollution of water by birds' droppings, 146
Sulphur, 531
Thymol, 146
Diphtheritic croup, 106
Laryngitis, 11
Membrane, pancreatine, 146
Membranes, 383
Patches, pepsin, 477
Diseases of respiratory organs, 143
of the eye, 28
Eye resulting from general diseases, 311
Skin of reflex nervous causation, 365
Throat and nose, 12
Ulnar nerve, 9
Disinfectants for clothing, 130
Disinfecting rooms, 34
Lamp, 181
Disinfection and disinfectants, 270
by the fumes of sulphide of carbon, 225
in scarlet fever, 387
of dwellings and clothing, 129
Sleeping apartments, 450
with chlorine, 510
Dislocation of the lens, 28
Metacarpal bones, 423
Distension of frontal sinus treated by incision and drainage—cure, 283
Distilled water in the treatment of renal disease and rheumatism, 257
Diuretic and antilithic, 116, 542
Diuretics in angina pectoris, 207
Diurnal and nocturnal incontinence of urine, 68
Double ovariotomy in acute peritonitis, 329
Dr. Chisholm's neurometer, 287
Dr. Knapp's rules regarding artificial drum-heads, 266
Drainage of ulcers and wounds, 424, 562
Dressing for phagedenic chancre, 357
Dribbling of urine, 163
Drugs which increase the secretion of urea, 449
which injure the red corpuscles, 443
Dry cupping in treatment of anthrax, 93
Duodenal ulcer, 303
Dying declarations, 426
Dysentery, 113, 352
Bismuth, 20
Dysmenorrhœa, ointment of cocaine, 47
Phosphide zinc, 279
Dyspepsia, 304
Flatulent, 540
in a child, 332
Dyspepsia, maltopepsine, 477
Dyspeptics and diabetes—gluten flour, 287
Dysphagia, 111
Dystocia from rigor mortis in fœtus, 555

Ear diseases in India, pendulous tumor, 455
Ear-ache, 222, 267, 318
Atropia, 549
Cocaine, 267
Eustachian atomization, 364
Early atropinization in convergent strabismus, 218
Diagnosis of typhoid fever, 290
Stages of insanity, 294
Ears, arthritis of ossicula, 547
Easy method of cure for salivary fistula, 210
Ecbolic action of pilocarpine, 371
Echinococcus of the orbit, 218
Eclampsia infantilis, 377
Ectropion of upper and lower lids, 359
Eczema, acute pustular, 550
Erythematous, 550
Iod. potassium, 269
Lassar's pastes, 32
of spinners and weavers of flax, 365
of the external ear, 173
Genitals, 214
Squamous, 551
Effect of cocaine in relieving pains from scalds, 125
General inunctions on temperature, 470
on offspring of consanguineous marriages, 524
Effects of alcohol-poisoning on the heart, nitro-glycerine, 205
Breathing illuminating gas, 238
Effusions of blood, 207
Elastic electrodes, 389
Electric light for purposes of examination, 164
in medicine, 524
in the surgery of the bladder and rectum, 397
Shocks, 9
Treatment of perimetritis, 40
Electricity as a galactagogue, 464
Stimulant in cardiac and respiratory failure, 107
in general practice, 184
Intestinal obstruction, 495
Obstetric practice, 327
Obstetrics, 462
Poisoning, caution, 273
Uterine diseases, 414
Electrode coverings, 566
Electrolysis for the removal of superfluous hairs, 406
in dermal practice, 459
Stricture of the urethra, 257
Electrolytic treatment of strictures, 211
Electro-puncture in the treatment of lead palsy, 199
Elevation of the arms as an indication of peritonitis, 493
Elimination of mercury, 20
Emetics, 66, 566
in cases of foreign bodies in the air-passages, caution, 298
Emmenagogue, 135
Emphysema of the cellular tissue due to labor, 513
Emulsion of cod-liver oil, 238
Endocarditis, 250, 349
Endocervicitis, 277
Endometritis fungosa, subcutaneous injections of iron, 278
Enteritis and gastritis successfully treated with ergot, 209
in children, 520
Entero-colitis, 377, 395
Ephemeral œdema of gouty origin, 126, 442
Ephidrosis produced by mercury, 32
Epidemic and sporadic cholera, 337
Epilepsy, 102
and ear disease, 506
Nasal polypi, 437
Vitalized phosphites, 47
Episiotomy, 411
Epistaxis, 253
Hamamelis, 207
Induced for headache, 538
of typhoid fever, 52
Epithelioma, 268, 480
of eyelid removed by applications of benzole and calomel, 361
of the ear, involving the facial nerve, 265
Eyelid removed by applications of benzole, 453
Skin, 223
Toe, 234
Epitheliomatous ulceration, 176
Epulis, 210
Equinia mitis, 318
Ergot as a means of diagnosis, 134
Remedy for hiccough, 389
in typhoid fever, 99, 434
Ergotine in diseases of the lung, 10
Eruptive fevers, 51
Erysipelas as a complication of pregnancy and labor, 227
Pilocarpine, 33
Erythema nodosum, 366
of fat people, 527
Erythroxylin Coca and Vin Mariani, 237, 381, 478
Ether as an expectorant, 104
Douche and electricity, 473
Etherization of rectum in cholera, 482
Etiology of cholera, 337
Ophthalmia neonatorum, 502
Rickets, 230
Euphorbia pilulifera in asthma, 298
European natural mineral waters, 336
Eucalyptus in treatment of typhoid fever, 242
Oil in bronchitis, 490

Evisceration instead of enucleation, 217
Examine the larynx in children, 189
Examination of blood serum, 491
Excellent counter-irritant, 143
Excipients for topical applications, 459
Excision of a rib for empyema, 296
Tumor from the brain, 44
Stricture of urethra, 213
Exfoliation of the cochlea without causing deafness, 78
Exophthalmic goitre, 348
Expectoration, profuse, 154
Experimental thyroidectomy, 7
Experiments upon engrafted bone, 422
Exploring needle, 94
Explosive physic, 425
Vegetable powders, 144
Exostosis of mastoid, 379
Extensive burn of the knee-joint, 139
External use of chloral for night-sweats, 345
Chloral hydrate in night-sweats, 417
Extirpation of a laryngeal polypus after local anæsthesia, 105
Papillary adenoma of the bladder by incision through the vagina, 187
of the larynx, 153
Extract. carnis fl. comp., 477
Extract of malt for children, 239
Extraction of a dislocated lens, 358
Hard cataract, 262
the lens in its capsule, 359
Extragenital chancres, 166
Extra-uterine pregnancy, 279
Destruction of fœtus by morphine, 181
Extravasations of blood behind the uterus, 185
Eye diseases in relation to general diseases, 263
Eyelashes, lice upon, 502
Eye-opener and eye-holder, 262

Face-wash, 408
Facial neuralgia, 295
Paralysis from acute otitis media ending in recovery, 317
in the infant from the use of the obstetric forceps, 518
Falling of the hair, 47
False membranes, 59
Faradization in obstetric practice, 182
the treatment of intermittent fever, 196
Favus, epidermic, 550
of the eyelid, 171
Febrifuge drink, 340
Fellows' Hypophosphites, 477
Female obstetricians, 413
Fermentative dyspepsia, 210
Ferran's inoculations, episode, 531
Fetid diarrhœa in children, 377
Fevers, 49, 99
Fevers, and the clinical thermometer, 383
Diuretics, 50
Fibroid tumor of the middle ear, 504
Fibro-myxomas, 425
Ficus doliaria in the treatment of miners' anæmia, 442
Field for statistical investigation, 51
Filaria sanguinis hominis, 393
Filth disease, 529
Fissure of anus in children, operation, 189
Fistula of the antitragus, 79
Fixed dressing, 94
Floating liver, 494
Folding chair, 383
Follicular pharyngitis, 64
Foot and mouth disease, 529
Foot-pain in convalescence after typhoid, 433
Foreign and American mineral waters, 238, 384
Bodies in the ear, 77
in the nasal fossa of infants, 281, 376
in conjunctiva, 502
Body in œsophagus, 65
in cornea for two months easily removed after application of cocaine, 171
in ear, wire loop, 174
in the breast, 134
Formic acid as a germicide, 224
Formidable injury to the hand, 380
Foul wounds, hot air, 232
Four chlorides, 16
Fractured patella, 45
Fracture near a joint, 415
Fractures and dislocations, 48
Fractures in syphilitics, 233
Freckles, 34, 84, 407
French cure for corns, 34
Treatment of furuncle, 236
Frontal abscess, 563
Frost-bite, 125
Frost-bitten fingers and toes, 459
Fucus marina in malaria, 238
Fumigating paper, 524
Functional heart disorders, 349
Impotence, 449
Palpitation of the heart, 349
Furuncle, heat externally, 506

Galactocele of tunica vaginalis testis, 496
Galvano-puncture in case of aneurism, 441
Galezowski's method of extracting hard cataract, 452
Galvanic and faradic cabinet battery, 382
Galvanism in Asiatic cholera, 481
Galvano-cautery, 414, 421
in ocular therapeutics, 453
Gangrene, 141
and arteritis in typhoid fever, 482
of jejunum after compression of aortic aneurism, caution, 251
Garbage, destroy by fire, 239
Gargle for chronic pharyngitis, 350
Gastric poisons, 553
Ulcer, 66
Gastritis, 539
Favosa, 18
Gelsemium poisoning, 35
General atheroma, heart disease and tumor, 492
Blood-letting, 156
German surgery, 418
Germicidal solution, 99
Germinal view of disease, 97
Gestation, vitalized phosphites, 381
Gibier's pills for diarrhœa, 396
Giddiness, intestinal, 539
Glandular hypertrophy, 18
Gleet, 119
Anointed metal bougies, 26
Glioma of the brain, 244
Globus hystericus, tinct. pyrethrum, 57
Glucoside of boldo as a substitute for cocaine, 314
Glycerine, 333
as a preventive of trichiniasis, 352
Against dry tongue and thirst, 302
as an excipient, 80
a tæniacide, 396
for dryness of tongue and thirst in febrile states, 146
Glycerinum acidi carbolici in diabetes mellitus, 214
Goître, 104
Golden eye-water, 75
"Golden's Liquid Beef Tonic," 425
Gonorrhœa, 358
Acute, 544
and chordee, 261
Gleet, 561
Jacaranda lancifoliata, 215
Prof. Gross' treatment, 215
Gonorrhœal epididymitis, 497
Ophthalmia, hollow eye, speculum, and douche, 313
Vaginitis, galvano-cautery, 215
Gout, 207, 394
and nitrite of amyl, 258
Epilepsy, 534
of the eye, 503
the testicle, 258
Gouty obesity and dyspepsia, 350
Granular lids, 119
Jequirity, 547
Peritomy, 546
Ophthalmia apparently due to prolonged lactation, 122
Gravel, hippurate of lithium, 24
Graves' disease, galvanism, 532
Green hair, 325
Guerin's dressing of wounds, 283
Gun-shot wounds of the heart, testimony, 207
Gynecology, electricity in, 557

Habitual abortion, 88
Hæmatemesis after a burn, 231
Hæmoglobin chlorosis, 300

Hæmophilia, 250
Hæmoptysis, 391
Emesis, 203
in syphilis, 310
Matico, 203
Hæmostatic, 348
Pills, 110
Hamamelis virginica in varices, 252
Hay-fever, 340
Hazeline as a hæmostatic agent, 16
in hemorrhage from the bowel, 211
Headache, 247, 478
Spinal irritation and sympathetic nervous affections due to eye strain, 216
Head-Last labors, 326
Health exhibition, 46
Hearing better in a noise, 362
Heart and pulse in acute nephritis, 447
Dilatation, 538
disease and dropsy, 158
Failure during cold bathing, 441
Heat fever, 339
Hemicrania, brom. nickel., 151
Dieting, 151
Hemorrhage after operations on the rectum, 255
from a tooth-socket, 492
the ear—ligature of common carotid artery, 172
Hemorrhages in children, 559
Hemorrhagic endometritis, 39
Hemorrhoids, 20
Hemostatic, 492
Hepatic colic, 210
Hernia and hemorrhoids, 521
of the lung, 152
Herpes zoster and facial paralysis, 82
Hiccough, cold to the ear, 343
Hippocrates, 568
Hippurate of lime *vs.* carbolic acid, 85
Hirsuties, galvanism, 477
Histology of syphilitic lesions, 399
Homatropin of glaucoma, 75
Homœopathic Med. College, 480
Hordeolum, 264
Hot antiseptic douche in gynecological operations, 276
"Hot eye," 26
Hot water in constipation, 67
in the treatment of open wounds, 378
House-heating and its dangers, 130
How do dead bodies turn in their graves? 527
Fat is made, 192
Shall the Physician cleanse his hands? 324
to administer quinine to pregnant women, 133
Santonine, 304
Disinfect infected dwellings, 510
Remove a gelatinoid polypus from the nose, 523
to remove small bodies from the eye, 455
How Typhoid is spread, 194
Hungarian wines, 336
Hydatid tumor of thyroid body, 564
Hydrangea arborescens, 238
Hydrastis for skin diseases, 365
in uterine diseases, 517
Hydrobromate of hyoscine in spermatorrhœa, 498
Quinæ, hypodermic, 340
Hydrocele cured by elastic pressure, 116
in the female, 89
of the labium, 88
Hydrochlorate of apomorphine in hystero-epilepsy, 56
of cocaine in aural cases, 124
Hydrochloric acid for dyspepsia, 255, 394
Hydrofluoric acid, 562
Hydrophobia inoculation, 532
Hygiene of students' eyes, 360
of the mouth in the new-born, 189
Hygroma, 475
Hyoscyamine in delirium, 101
Hyperæsthesia of the penis, cocaine, 449
Hypertrophic syphilitic chancre, 356
Hypertrophy of the heart,
Heart during rapid growth, 158
Hypodermic, 6, 446
Employment of iodide of sodium, 261
Injections in anthrax, 508
Injection of morphine in uræmic convulsions, 497
of oil, 255
Medication, 192
in syphilis, 451
Transfusion, 348
Treatment of syphilis, 71
Use of oils, 445
Hypogastric lithotomy, 354
Hysteria, blistering the nipples, 198
Emetics, 245
Hypophosphites of lime and soda with cod-liver oil, 384
Hystero-epilepsy cured by cauterization of the clitoris, 415
Hysteria, with attacks of tetany, induced by pressure on the ovary, 295
Hysterical contracture, 342
Drop-wrist, 294
Suppression of urine, 353
Hysteria in man, 533

Ice as an antipyretic, 244
to bowels in typhoid fever, 291
Ichthyosis, 177
Idiopathic anæmia, 63
Impacted cerumen and foreign bodies in the ear, 125
Fracture of the femur, 329
Imperfect nutrition, maltine with pepsine and pancreatine, 237
Impermeable carageen poultice, 142
Impervious corks, 140
Implication of the mastoid process in ear disease, 265
Importance of inquiring into the condition of the bladder 353
of proper diet in summer complaint, 334
Impotence, celerina, 479
Impotency due to excessive use of tobacco, 256
Improved American pocket battery, 382
Solution of osmic acid for injection, 480
Incipient myelitis, 436
Incontinence of urine, 68, 213, 307
of urine in childhood, 138
India-rubber dressings, 562
Indian treatment of cholera, 482
Indigestion in children, 468
in teething children, 332
Induction of premature labor, 326
of premature labor by electricity, 513
Inebriates' home, 383, 478
Infant feeding, 136
Infantile convulsions, 46
Coryza, 520
Eczema and indigestion, 469, 519
Paralysis, 470
Infants' opiate, 476
Infection from wool-carding and bed-purifying workshops, 272
Infectious peritonitis in virgins, 467
Inflamed mamma, 91, 135
Surfaces, 322
Inflammation, abscess, and new growths of the ethmoid cells, 103
of limb, 45
of the attic of the tympanum, 455
of the throat, 350
of the tongue, 17
of the vagina, 517
Locally, 426
Inflammatory fever, 196
Rheumatism, 6, 63
Influence of bromides in the prevention of iodism, 310
of certain syphilitic lesions of the uterus upon labor, 225
of spinal irritation as an orthopædic factor, 293
Inhalant, 60
Inhalation and injection of blood, 204
of defibrinated blood, 154
of oxygen in puerperal eclampsia, 412
of salt in chronic pulmonary affections, 201
of the vapor of glycerine, 12
Inhalations in pulmonary tuberculosis, 390
Injection for females, 452

Injection of blood into the pleura, 205
of hot or cold water in uterine hemorrhage, 226
Injections for fœtid leucorrhœa, 468
of cod-liver oil for thread worm, 352
of ether and iodoform in cold abscess, 428
of quinine in urethritis, 164
Inodorous iodoform, 477
Insanity, hyoscine hydrobromate, 150
Intense itching, dilute sulphuric acid, 177
Intermittent fever, 100
Pneumonia, 295
Pulse, 206, 348
Pulse, atropia, 252
Intermittents, iris and euonymus, 291
Intestinal catarrh, 470
Catarrh of children, 417
Obstruction by worms, 304
Obstruction treatment by washing out the stomach, 254
Suture after enterectomy, 423
Intolerance of iodide of potassium, 451
Intracranial hydatid, 378
Intrafusion, 156
Intra-pulmonary injections, 58
Intra-brachial injections, 490
Intra-uterine medication, 186
Intravenous injection of milk, 348
Injection of oxygenated water condemned, 442
Injections of milk in morphine poisoning, 129
Intravesical injections, 22
Intubation of larynx, 535
Invalids' wheel-and rocking-chairs, 335
Inverted eyelash causing conjunctivitis, 263
Involvement of lateral sinus of the dura mater in mastoid disease, 172
Iodated phenol in the dysentery of children, 231
Iodide of potassium in impotency, 449
of sodium and calomel in conjunctivitis, 426
Iodine in cholera, 433
in diphtheria, 386
in infectious diseases, 339
in the nascent state in uterine catarrh, 277
Iodized collodion in erysipelas, 33
Phenol in the treatment of whooping-cough, 440
Iodoform as an antiseptic gynecological practice, 376
in gonorrhœa, 400
Injections in abscesses, 282
in treatment of gonorrhœal ophthalmia, 170
in the treatment of syphilis, 356
Iritis, 314
Iron albuminate in anæmia, 107
in egg yelk, 429
Iridectomy, 29
Irrigation in the treatment of purulent ophthalmia, 75
Irritable bladder, 69, 165
Bladder in old men, 355
Bladder in the female, 134
External meatus, 123
Heart, 206
Hymen, 134
Irritative fever of phthisis, 203
Is there a form-blindness? 72
Ivory exostosis of auditory meatus, 219

Jaborandi for inflammatory affections of the skin, 126
in rheumatism, 493
in urticaria, 33
Jamaica dogwood as an application to burns, 33
Jambol in diabetes, 498
Jaundice, 495
from arsenical wall papers, 303
Jensen's pepsin, 334
Juice of a fig-tree as a digestive, 494

Kaolin, 428
Kava kava in cystitis, 68
Keloid of the breast, 373
Keratinized tape-worm pills, 160
Keratitis phlyctenular, 454
Kidney diseases, 336
Kissing from medical standpoint, 511
"Knee-jerk" in diabetes, 258

Labor, anæsthetics during, 182
Third stage, 554
Labyrinthine disease, 504
Laceration of the brain, 233
Lactic acid as a caustic, 234
as a means of destroying pathogenic tissues, 268
Treatment of tuberculous deposits, 391
Lactopeptine, 239, 336, 431
Lamp explosion, 431
Lancing children's gums, 92
Laparotomy for traumatic aneurism of the abdominal aorta, 204, 282
Laparotomy in acute peritonitis, 208
Laryngeal affections, 106
Stenosis, laryngeal congestion, pilocarpine, 438
Laryngismus stridulus, 60
Lawn-tennis leg, 44
Laxative and diuretic powder, 192
Laxative sugar, 47
Lead constipation, 47, 113
Palsy, 102
Poisoning, 35, 238
by long-continued painting of the face, 461
by snuff, 84
from charcoal, 180
in infants, 281
New symptom, 368
Lectures on principles of surgery, 84
Leech under eyelid, 314
Legal status of antiseptic surgery, 141
Length of the large intestine as a guide to the age of the fœtus, 92
Leprosy in Chinese laundries, 510
with invasion of the tongue, 407
Leucoplakia buccalis et linguæ, 344
Leucorrhœa, 375
Lichen, sulpho-carb. soda, 550
Licking adhesive stamps and envelopes, 273
Life-extending water, 381
Ligature of blood-vessels, 394
Lightning stroke, blood-letting, 62
Lime as a disinfectant, 129
Limited caries of the fundus a frequent cause of obstinate otorrhœa, 30
Liniment for earache, 79, 174
Lipomatous polypus of the gullet, 349
Liquid spice plaster, 568
Liquor sodæ chloratæ in the treatment of typhoid fever, 483
Listerine, as a detergent, 334
Lithiasis, 143
Ligation of vessels, 287
Liver atrophy, 18
Living waters, 480
Local action of ungt. cocaine on the eye and ear, p. 121
Anæsthesia, 562
Application of cascara sagrada in constipation, 255
Remedy for diphtheria, 292
Treatment for chronic catarrhal conjunctivitis, 315
causes of fetid breath, 63
Lochia in prognosis, 375
Locomotor ataxia, 8, 388, 487
Chlor. gold and sodium, 247
with Charcot's joint, 148
Causes, 533
Loss of hearing from mumps, 404
Lotion for syphilitic spots, 168
Lubricant for catheters, specula, etc., 257
Luminous signs, 336
for physicians, 239
Lung disease, 60
Lupus and rodent ulcer, jequirity, 268
salicylic acid, 31
Erythematosus, 366
Cured by arsenic, 237
Lymphadenoma, 239
Lympho-sarcoma of tongue, 378

McIntosh uterine supporter, union of external and internal support, 237
Macular or pigmentary syphilide, 501
Madame La Chapelle's health preserver, 382
Malaise, 435

Malaria, 53
Affecting infants, 232
Recipes, 483
Colic, 530
in children, 559
Malarial fevers, 435
Headache, 56
Jaundice, 340
Urticaria, 509
Malignant growths, diagnosis, 473
Degeneration, 17
Growths, 43
Pustule, corrosive sublimate, 268
Tumors, discutients, 236
Tumors, turpentine, 562
Malingerers in Galicia, 524
Maltopepsine, 336, 382, 430
Malt whiskey for medicinal purposes, 335, 381, 429
Mammary abscess, cocaine, 188
Management of miscarriage, 133
of new-born infants, 131
of pregnancy, 465
of third stage of labor, 132
Mandragorine, 361
Manual of medical jurisprudence, with diseases and injuries of the nervous system, 48
Marasmus, 142
Marks' artificial limbs, 381
Massage, 527
Measles, 340
Mechanical arrest of bleeding from the stomach or æsophagus, Shock, 55 [160
Mediate syphilitic infection in glass-blowers, 24
Medical wines, 444
Medicated kaoline and other pastes, 79
Sweetmeats, 461
Medicinal use of arsenic, 476
Melancholia, 534
Melano-sarcoma of the nose cured by galvano-cauterization, 340, 343
Melanosis, 244
Melanotic sarcoma of conjunctiva, 170
Mellin's Food, 143, 237, 427, 477
Membrana tampani, cicatrices of, 547
Membranous croup, 106
Enteritis, 350
Meningitis, 102, 343
Menorrhagia, 416
Quinine, 187
Menthol as a local anæsthetic, 527
Mercurial inunction for infants, 377
Poisoning from intra-uterine injections, 88
Mercury in the abortive treatment of typhoid fever, 435
in typhoid fever, 147
in treatment of gout, 301
Method for mechanical treatment of chronic middle-ear diseases causing a disturbance of the mobility of the ossicles, 172
Method of anæsthetizing, 235
to hasten the ripening of cataract, 74
Metrorrhagia, 556
and menorrhagia, 135
Micrococci and inflammation, 531
Migraine, 341, 438
Milk diet in the albuminuria of pregnancy, 514
Milk peptone, 304
Milky hydrocele, 306
Mineral earth, 336, 480
Earth dressing, 382
Waters, 430, 480
Miscarriage, chlor. potass., 182
Mistletoe as a parturifacient, 556
Mistura guaiaci et stillingiæ. comp., 334
Mitral lesion, 62
Stenosis, 442
"Mixed" anæsthesia, 95
Modification of Emmet's cervix, 516
Molesworth's climax dilator, 192
Dilators, 383
Monsel's iron in diarrhœa, 161
Morphine causing ulcerations, 539
Morphia with cocaine, 314
Mosquito bites, grindelia robusta, 270, 432
"Moths" and freckles, 367
Moth preventive, 430
Mouth wash, 143, 350
Multilocular ovarian cysts, 516
Muscle-grafting, 190
Muscular exercise with electric currents, 383
Mustard-sponge, 428
Mysterious illnesses, 83
Rupture simulating abscess, 44

Nævus cured by electrolysis, 401
Naphthaline and decomposition of urine, 306
for old ulcers, 508
in the treatment of typhoid fever, 194
Napelline in toothache, 477
Nasal affections, 440
Calculus, 340, 344
Polypi, 391
Polypus in an infant, 520
Naso-pharyngeal fibroid, 11
Pharyngitis affecting the ear, 506
Natural drainage in otorrhœa, 76
Needle of a hypodermic syringe lost in the body, 477
Needles from the epigastrium, 346
Neglect of cleanliness, 76
Neglected nuisances and typhoid, 241
Nematode in the human eye, 503
Nephritic colic, 117 [542
Nephritis, chlor. gold and sodium,
Nerve food, 429
Nervous affections, 9
Colic, 209
Debility, 295
Headache, 103
Shock as a cause of pernicious anæmia, 204, 343, 348
Nestle's milk food, 239, 335
Neuralgia, 143, 438
and gout, 103
Neuralgic affections, 102
Neurasthenia, 389
Neurometer, 335
Neurotic diarrhœa, 446
Neutral mixture for fevers, 6
Never overlook an over-distended bladder, 467
New-born child, 327
New cardiac sedative, 442
Dressing for wounds, 141
Haven invalids' chair, 478
method of reducing dislocations of the hip, 284
Method of reducing dislocation of the lower jaw, 93
Plan of operating upon meningocele, 136
Reaction for digitaline, 369
Remedies, 381
Salt of cocaine, 218
Tests for sugar in urine, 308
Treatment of peri-uterine hæmatocele by negative galvano-puncture, 513
Night-sweats of phthisis, ergot, 202
Nitric-acid diathesis, lithiated hydrangea, 382
Nitrite of amyl and abortion, 96
in South American intermittent fevers, 242
Nitro-glycerine as a substitute for alcohol, 473
for nephritis, 498
in chronic interstitial nephritis, 163
contracted kidney, 115
the treatment of hiccough, 437
Nitrous oxide, 328
Notes from Prof. Parvin's clinic, 413
Nothnagel on treatment of fever, 195
Nourish typhoid patients, 195
Novel system of drainage, 427
Novelty air-pump for atomizing, 335
Numbness of the extremities, 485
Nutmeg in large quantities poisonous, 179
Nursery maids as carriers of infection, 178
Nurses' sore mouth, 288
Nutrient tonic, 479
Nutrition by absorption in granulating surfaces, 321
Nutritive dressing, 471
Enema, 496

Obesity, 540
Obstetric palpitation, 275
Occipito-posterior positions, 325
Ocular therapy, 74
Odors diagnostic of disease, 51
Office cabinet battery, 336
Ointment for eczema of the eyelids, 171, 219
for ecthyma, 177
Sore nipples, 328

Ointment for Syphilitic ulcers, 119
in orchitis, etc., 116
Ulcer of the cornea, 403 [170
Oleate of cocaine in eye diseases, of manganese, 374
Oleate of manganese in a menorrhœa, 416
Olive oil as a menstruum for dissolving cocaine for application to the eye, 361
Operating-chair, 334, 478
Operation for granular eyelids, 28
Intestinal obstruction, 394
Lacerated cervix, cocaine, 40
Strabismus, 401
the cure of abdominal aneurism, 333
the removal of a dislocated crystalline lens, 361
of cataract by extraction, 262
to cure extensive loss of skin in the arm, 472
Operative treatment of aortic aneurism, 440
Ophthalmia and rheumatism, 452
Ophthalmic-antiseptic solution, 218
Ophthalmic surgery, cor. subl., 546
Opisthoporia, 485
Opium and mercury iodide in choleraic diarrhœa, 146
Habit, 95, 383, 534
Orchitis, 164
Oscillating spasm of head from lightning shock, 149
Osseous diseases, 336
Otalgia and dental caries, 31
Osteo-malacie, 380
Osteomyelitis and consecutive purulent pericarditis, 156
Otitis, chronic, calendulated boracic acid, 174
Media purulenta, 122
Otology, 264
Otorrhœa, 27, 124, 364
Calomel, 549
Chalybeate water, 221
in children, 174
Ovariotomy as affected by albuminuria, 278
in a child twenty months old, 136
Ox-gall in typhoid, 483
Oxalic acid in ivy-poisoning, 144
Oxalate of cerium a gastric sedative, 539
Oxaluria, 68
Oxide of zinc for wounds, 236
Oxygen a soporific, 342
Gas, 286, 381
in the treatment of asphyxia and poisoning, 272
in the treatment of leuchæmia and pseudo-leuchæmia, 191
Oxyuris vermicularis, mercurial suppository, 286
Oysters for dyspepsia, 113
Ozæna from enlargement of nares, 104

Painful mamma in young girls, 40
stomach affections, chloroform-water, 159
Painless caustic, 432
Perforation of tympani, 222
Method of introducing the catheter, 398, 498
Palatable benzoic-acid solution, 430
Palate in diagnosis, 159
Palato-plasty, 234
Pallas syringe, 479
Palliative treatment of cancer of uterus, 329
Papillary growths from the conjunctiva, 122
Papilloma of the bladder, 256
Papine, 487
Paræsthesia, perverted sensibility of the skin, 33
Paraldehyde as an hypnotic, 47, 528
Hypodermatically, 525
in delirium tremens, 246
Paralysis agitans, 487
Agitans, hyoscyamine, 57, 149
Due to hypodermic injection of ether, 246
of bladder from the use of carbolic acid, 447
of the sympathetic, 388
of ulnar nerve, 54
Vaso-motor, 486, 533
Paralytic obstruction of the intestine, 111
Paraplegia, 8
Parasites and tumors, 470
Parasitic diseases, 33
Paresis of bowel, 496
Parisian treatment of cholera, 98
Parthenine in neuralgia, 343
Paste for comedones, 34
Patent urachus, 136
Pathology of lead amblyopia, 74
of xanthoma, 367
Pathological results of mimicking passion, 326
Pathognomonic sign of fracture of the neck of the femur, 94
Peacock Chemical Co., 432
Peculiar effect of digitalis upon the eyesight, 313
Variety of ovarian tumor, 39
Pediculi and nits, 127
Pelvic anodynes, 228
Hæmatocele, 279, 415
Pent-up secretions, 190
Pepsin, 238
Peptonized cod-liver oil, 142
Cod-liver oil and milk, 335, 381, 520
Perforation of the bowel, 56
of the intestine caused by a bimanual examination, 415
Perichondritis of nasal septum, 297
Perinephritic abscess, 448
Perineal fistula, iodoform and zinc pencils, 258
Perineorraphy, 331
Perineum, contusions of, 562
Pin for lacerations, 185
Peripheral monoplegia, 281
Permanganate of potash in puerperal pyrexia, 89
of potash baths, 367
Permanganate of potassium and alcohol for snake-bite, 410
of potassium in gonorrhœa, leucorrhœa, and suppurating buboes, 72
Pernicious malarial fever, sweating type, 195
Peroxide of hydrogen in aural therapeutics, 316
diphtheria, 382
in purulent otitis, 505
Phagedenic ulcers and old sores, 269
Phantom tumors, 229
Pharyngitis, 254
Glycerinum aluminis, 188
Philadelphia ice-worms, 130
Phimosis, 116
Phlegmasia dolens in the male, 156
Ointment for, 568
Phosphate of soda in hepatic colic, 111
Phosphatic, deposits, 259
Phosphide of zinc, 198
of zinc for tubercular meningitis, 343
of zinc—in dysmenorrhœa, 187
Phospho-peptine, 336, 384
in typhoid, 402
Phosphorus in craniotabes, 280
Photography in medical jurisprudence, 305
Phthisical cough, cocaine and chloroform inhalations, 154
Phthisis, male breast, 536
Pneumatic differentiation, 535
Terpine, 439
Physicians' road cart, 286, 336
Signs, 384
Supplies, 383
Physiognomy of syphilitic children, 189
Pigment deposits, 457
Pigmentary syphilide, 310
Pill coatings, 524
Petrolei comp., 286, 335, 479
for syphilis, 452
Pills for spermatorrhœa, 399
for uterine hemorrhage, 187
Pimples, 33, 519
Pilocarpine an antidote to daturine, 460
in alcoholic insomnia, 486
in amblyopia, 454
in detachment of the retina, 73
in treatment of pneumonia, 200
Pine-needle extract and oil, 479
Pinus pumilio for tape-worm, 256
Piscidia erythrina in the treatment of dysmenorrhœa, 468
Pistol-shot without external wound, 46
"Pitting" of small-pox, to prevent, 148
Placenta, management of, 326
Prævia, 132, 514
Plantar hyperæsthesia, 437
Plaster-of-Paris dressing, 424
Plastic operation for unhealed burn, 46
Platulence, 112

Platypodia, 560
Pleurisy, 346, 534
Pleuritic effusions, medical treatment, 296
Pneumonia, 11, 346
Acute, 391
Adynamic, 390
Berlin treatment, 151
Ether inhalations, 201
in New York. 247
Pneumothorax for hæmoptysis, 248
Pocket battery, 286, 336
Points in ovariotomy, 134
Poison found in book covers, 368
Poisoning by aniline oil, 552
by atropine, jaborandi, 552
by carbon disulphide, 86
by caviar, 552
by chlorate of potash, 128
by chlorodyne, 129, 180
by inhalations of nitrous acid, 85
by nitro-benzine, 551
by petroleum, 409
by rottenness within the human body, 178
by rubber dental plate, 85
by urea injections, 553
by cor. sublimate spray, 552
by sulphate of copper, 85
by berries of the black alder, 509
from bite of a rat, 410
from caffeine, 462
from domestic medication, 460
Poisonous confectionery, 83
Fumes from burning painting boards, 35
Gloves, 553
Mustard, 225
Pickles, 467
Plants, 571
Properties of chlorate of potassium, 180
Wall papers, 128
Poliomyelitis anterior caused by arsenical poisoning, 343
Anterior in adults, 148
Polypus in the external auditory canal, 266
Polyuria, 27
Pomade for deafness, 79
Port-wine mark, 457
Post-partum drainage of the uterus, 275
Hemorrhage, Prof. Parvin's treatment, 183
Postural method of treating dilatation of the stomach, 254
Potassium bromide in ovarian hemorrhagia, 467
Poultice for orchitis or mastitis, 477
Powdering the face, 223
Powder for phagedenic chancre, 400
for pyrosis, 395
Practical treatise on massage, 48
Precaution in otorrhœa, 174
Pregnancy after double ovariotomy, 462
Premature rupture of the membranes, 512
Prevention and treatment of eclampsia by warm baths, 228
of habitual abortion, viburn prunifol, 182
of syphilis, 71
Primary tumors of the soft palate, 110
Production of new bone, from periosteal grafts, 522
Professor Hardy's itch ointment, 177
Prognosis of syphilis from the characters of the initial lesion, 214
Progress in the treatment of skin diseases, 222
Progressive locomotor hemiataxia, 484
Anæmia, 109
Prolapse of the urethral mucous membrane, 278
Prolapsus of the vagina preceding labor, 372
Uteri, 477
Prolonged retention, 396
Prophylaxis of puerperal septicæmia, 36
Proptosis and optic atrophy, 360
Prostatic abscess, opening, 541
Massage in retention of urine, 447
Pruritus, 81
Ani, 67
Generalized and local, veratrum, 458
of genitals, 355
of pregnancy, 95
of pregnancy, pilocarpine, 465
of pregnancy, sulphurous-acid lotion, 227
Pudendi, due to vascular tumor of the urethra, 328
Vulvæ, 558
Pseudo-hydrophobia, 485
Pseudo-paralysis, produced by carbonic-oxide gas, 198
Pseudo-tabes, caused by sulphide of carbon, 180, 341
Psoriasis, 127, 240
Ptomaines in cholera, 194
Puerperal diarrhœa, 373
Eclampsia, 131
Eclampsia seventeen days after labor, 87
Eclampsia, hot baths, 413
Fever, 36
Malarial fever, 514
Peritonitis, 87.
Calomel, 183
Septicæmia especially with regard to prophylaxis and treatment, 513
Pulmonary affections, 12
Complications in erysipelas, 60
Consumption, 427, 488
Hemorrhage, 152
Hemorrhage, arrest of venous circulation in the limbs, 248
Rheumatism, 200
Syphilis, 70
Tuberculosis, 536
Pulmonic candles and night lights,
Pulsatile angioma, 156
Pulsating exophthalmos, 122
Puncturing the abdomen to relieve tympanitic distension, 255
Pure benzole in treatment of epithelioma, 223
Purgative suppository, 520
Purification of well water, 273
Purifying sick-rooms, 52
Purulent affections of the eye, 75
Conjunctivitis, 401
Pyosalpinx, 228, 414
Pyrosis, 446

Quebracho in dyspnœa of nervous origin, 298
Quinine amaurosis, 402
for coryza in children, 231
for hypodermic injections, 525
Injection for gonorrhœa, 358

Rachitis, hypo-phosphites, 237
Radical cure of cancer of the rectum, 395, 420
Railway accidents and color-blindness, 121
Rapid dilatation of cervical canal with the urethral sounds, 279
the cervix for sterility and dysmenorrhœa, 38
Uterine canal, 91
Rapidly progressive myopia permanently checked by section of the external rectus, 454
Raynaud's disease, 319
Reaction from exposure to cold, 61
Recent German surgery, 474
Recovery after secondary amputation for gangrene after injury, 234
Rectal injection, 210
Recurrent exfoliative dermatitis, 366
Red wine the antidote for resorcin, 35
Reduction of the funis, 276
Reflex action of the digestive organs upon vision, 29
Cough due to irritation of the auditory meatus, 404
Infantile paralysis, galvanism, 280
Paralysis of uterine origin, 330
Paraplegia and paresis, 245
Vomiting from uterine disease, carbolic acid, 187
Regeneration of the spleen after total extirpation in the fox, 525
Regularly intermittent albuminuria, 21
Relation between sick headache and astigmatism, 56, 120
of necrosing ethmoiditis to nasal polypus, 202
Relations between syphilis and aneurism, 252
Remarkable surgery, 418

Remedy for street noises, 124
Remedies for skin diseases in the form of spray, 457
Removal of the marrow of long bones in cases of osteomyelitis, 282
of tumors of the abdominal wall with their peritoneum, 471
Removing cinder from the eye, hair loop, 168
Renal disease and ether, 117
Repeated attacks of scarlatina in a child, 469
Resolvent ointment for chronic inflammation of the uterus, 375
Resorcin in ichthyosis, 177
in impetiginous eczema of the scalp, 175
Malignant new growths, 419
Restoration of respiration after its cessation under chloroform-narcosis, 487
Retention of urine, 397
in a child of six months, 417
Retinal hemorrhages in the course of general arterio-sclerosis, 169
Retro-pharyngeal abscess, 469
Reverse corsets, 238, 336
Rheumatic bronchitis, 490
Glossitis, 63
Pains, 102
Rheumatism, 96, 141, 383, 443
Bee stings, 206
Subacute, 568
Rhigolene or amyl hydride, 320
Rhinoliths, 57
Rhinoscleroma, 297
Rhus poisoning, 86
Toxicodendron, in the treatment of enuresis, 355
Rice as styptic, 236
Rigid os uteri, apomorphine, 131
Ringworm, 81, 127
Rio Chemical Co., 335
Rodent ulcer, 508
Benzole, 269
Rupture of the perineum, 371, 375
of the sigmoid flexure in newborn children, 41
Urethra, 162
Veins, 138

Saccular dilatation of urethra, 466
Saint Eupheme's disease, 543
Salicin in acute articular rheumatism, 527
Salicylate of cocaine in the treatment of trigeminal neuralgia, 435
of soda in pleurisy, 297
of sodium for neuralgia and headache, 103
in migraine, 486
in the treatment of migraine, 286
Salicylic acid and castor oil in psoriasis, 458
Ointment, 81
Saliva, 431
Salix nigra as a sexual sedative, 449
Salts of copper in the treatment of scrofula, 237
Salts *vs.* sewer gas, 225
Salvia officinalis in catarrhal rhinitis, 153
Sanguineous cyst of the abdomen, 90
Sanitation by fire, 459
Saponiments or opodeldocs, 508
Sarcini ventriculi acidum sulphurosum, 161
Sarcoma of the testis, 163
Saturnine constipation, 210
Santonine as a febrifuge, 483
in amenorrhœa, 467
Scabies, 66
Scarlatina, 243
Scarlatinal lymphadenoma, 147
Scarlet-fever, 339, 435
Sclerosis of brain and cord, syphilitic, 544
Sciatica, 103
Spray of chloride of methyl, 151
Scirrhous carcinoma of the breast, 415
Schultz's method of resuscitating the new-born child, 276
Sclerosis of the coronary arteries, 206
Scott's emulsion, 432
Scrofulous abscess, 96
Sea baths as a cause of ear diseases, 405
Sea-sickness, 487
Sea-water made palatable, 567
Seborrhœa capitis, 177
Secondary syphilitic baldness, 260
Sedative mixture, 232
Sedum acre in diphtheria, 286
Self-adjusting uterine supporter, 47
Senile dementia, 246, 342
Hypertrophy of the prostate, 114
Serrated scissors for repairing the cervix uteri, 330
Severe wound of the ulnar nerve and artery, 233
Sexual atomy, 165
Debility, 450
Deafness and defective sight, 403
Sharp spoon in cancer of the lip, 94
Shock, 343
Short lessons in surgery, 140
Should arsenic be administered to nursing women, 512
Shoulder presentations, 226
Sick headache, 103
Simple acute diarrhœa, 395
Method of washing out the bladder, 21
Test for lead, 288
Simplified application of glycerine, 222
"Simulo" in epilepsy, 342
Skeleton tracheotomy tube, 439
Sleeplessness, 287
Small cancerous tumors, 239, 284
Small Doses of mercury early in secondary syphilis, 215
Smallness of parts in children, 520
Small-pox, 5, 99, 435
by correspondence, 195
Pustulation on the face prevented, 195
Smearing the laryngoscopic mirror, 153
Soap for surgical instruments, 473
in the blood, 253
Soaps medicated for skin diseases, 319
Sodii sulphis for gonorrhœa and gleet, 216
Sodium ethylate in supus, 127
Soft chancre, 25
Salicylic acid, 309
Thermo-cautery and iodoform, 309
Solutiou for use in pulmonary gangrene, 295
Solutions in place of ointments, 506
Some indications for eserine, 315
of the chemistry of cholera, 289
Points in the surgery of the hypertrophied prostate, 282
Sound deadener, 364
Sozone, 425
Spanish treatment of cholera, 481
Specific bacilli in syphilitic tissues, 310
Diseases of spinal cord, 167
Spermatorrhœa, 24, 213
Atropia, 257
Spina bifida, 42
Spinal Myalgia, 54
Sclerosis, posterior, 533
Splenic anæmia, 107
Treated by phosphorus, 137
Sponge poultice, 432
Grafting, 564
Sporadic cholera, 381
Sprains, 423
of elbow in children, 559
Squibbs' cholera mixture, 194
Stammering, 287
Standard disinfectant, 179
Stenosis of the vagina, treatment by transplantation, 186
Sterility from endometritis, cocaine, 39
Phos. zinc., 469
Stethoscope, 106
Stethoscopic telephone, 12
Sthenic pneumonia (croupous) arresting pneumonia and phthisis, 489
Stimulation of the vagus in the treatment of cholera, 481
Stings of insects, 95
Stomach, cancer of, 540
Stone in the bladder, 22
Strangulated hemorrhoids, forcible stretching of sphincter, 210
Hernia, 66
Stricture, cystitis, Wheelhouse's operation, 306
Hydrostatic dilatation, 286

Stricture of the urethra following masturbation, internal strychnia, and mercuric bichloride in, 354
Strychnia in erysipelas, 125
in labor, 184
in malarial fevers, 427, 483
Strychnine hypodermic, 343
in nervous disease, 486
Stutterers, 524
Styptic or hæmostatic ether, 565
Subcutaneous injections of cyanide of mercury in syphilis, 310
Subscapular abscess, 237
Subserous fibroid tumor of the uterus, ergot, 278
Subinvolution, 465
Subperiosteal amputation, 332
Substances used in adulterating, 369
Substitute for potassium iodide, 311
for removal of uterine tumors, 230
for woman's milk, 431
Successful evacuation of the femur, 43
Neurorraphy, 484
Suffocation from smoke or gas, 411
Sulphate of copper in obstetrics, 86
of iron in the gastric catarrh of infants, 469
Sulphide of carbon as a revulsive, 479
Sulpho-carbol, the new antiseptic, 45
Summer diarrhœa, 396
Sun-blindness, 545
Sunstroke, artificial respiration, 536
Caution to inebriates, 246
Supplementary excretion of uric acid, 394
Supporting the perineum, 227
Suppression of milk, 184
of urine, 138
of urine in diphtheria, 530
Suppurating buboes, thermo-cautery, 261
Suppurative inflammation of the middle ear, 78
Suprapubic lithotomy in a woman, 90
Surgery, advances in, 560
of cysts of the pancreas, 419
of scrofulous glands, 191
Surgical bandages, 432
Dressing, new, 561
Fever, mixture, 94
Insomnia, 474
Instruments, 383
Nail, 94
Orthopædic, and medical outfit, 478
Sponges, 473
Treatment of asthmatic conditions, 475
Suturing the intestines, 475
Swallowing artificial teeth, new method for their removal, 302
Sweating of phthisis, 60
Sycosis, 82, 176
Sympathetic symptoms, 308
Syphilides, calomel, 501
Symptomatology of children's cries, 188
of nervous affections in children, 188
Symptoms of meningitis, 199
Syncope during anæsthesia, 235
Heat to the head, 155
Syphilis, 498
a cause of depopulation, 214
after rape, 25
and carcinoma, 165
Circumcision, 215
Hæmoglobinuria, 72
Scrofula, 381
Sodomy, 168
Whooping-cough, 167
Antiquity of, 543
as a factor in ear diseases, 506
Causing epilepsy, 71
Fucus marina, 478
in hoofed animals, 260
of the external ear, 266
Tertiary, how to give iodide of potassium, 167
Treated by inunction with mercurious oleate, 167
Treatment, 500
Syphilitic disease of the brain, 259
Gummata about the knee, 261
Hemiplegia, 25
Induration of a cicatrix resembling morphœa, 257
Laryngitis, 451
Myelitis, hemilateral, 544
Onychia, 167
Periostitis or gumma of the orbit, 168
Re-infection, 166
Rupia, 26
Tic douleureux, 451
Ulceration of nipple, 357
of tongue and mouth, 168
of the tongue, chromic acid, 260
Syr. hypophos. comp., Fellows', 47, 335
Syringes, 431
Syrup of hydriodic acid in acute rheumatism, 393

Tampons of glycerine and alum, 468
Tannate of mercury, 118, 400
Tape-worm, 351
in a young infant, 418, 521
Tartrate of antimony in treatment of certain diseases of the skin, 175
Tarsal disease, 380
Tartar emetic hypodermically in attempted suicide by poison, 128
Teeth, effect of alum on, 567
Causing diseases of the tongue, 415
Teething and diarrhœa of infants, 137
Telangiectasis, 269
Telephonic stethoscopes, 152
Telephonic catheterization, 115
Temperature card, 383
of the ear in health and disease, 505
Tenotomy of levator prostatæ in enlargement, 162
Terpine and terpinol, 429
Tertiary syphilis, 215, 400
Test for albumen in urine, 165
for citric acid, 430
for codeine, 425
for hearing, 515
for life or death, 526
Sugar in urine, 164
of pus, 355
to discover the presence of blood in the urine, 498
Testicle, gunshot wounds, 542
Tetanus, 8, 379
in the horse, 478
and chorea, ether spray on the vertebral column, 199
Text-book of practical medicine, 48
The aspirator after tracheotomy, 60
balsam of fir as a dressing for lacerated wounds, 479
Bicycle and the genitals, 23
Bright-tin test for sugar, 212
Cholera in 1849, 193
Communion cup, 462
Deadly teapot, 273
Dietetic factor, 14
Forceps and their use, 274
Heart in pneumonia, 62
Most powerful antiseptics, 6
Orange as a galactagogue, 276
"Pallas" syringe, 384
Pigmented syphilide, 260
Smith and Shaw closed-celled batteries, 334
Urine in osseous lesions, 258
Vectis, and macrotin, 86
Thein *vs.* morphia, 368
Thermo-cautery in the treatment of spontaneous gangrene, 284
Thermo-electric prostatotomy, 496
Therapeutic use of the local anti-syphilitic action of mercury, 25
Uses of sneezing, 489
Therapeutics of jaborandi, 526
of otalgia and otitis, 363
Thermometer, 334, 477, 528
Thirst-quencher, 429
Thoracic aneurism, 108
Threatened abortion, 455
Thrombosis of the basilar artery, 157
Thymol, phenol, salicylic acid, and boracic acid, 525
Tic douloureux, 245
Tincture of benzoin in influenza and catarrh, 154
Tinea capitis, 367
Versicolor, 127
Versicolor, or chloasma, 322
Tinnitus, 405
Aurium and nervous disease, 315
Tonic mixture, 527

Tonsillitis, electrolysis, 538
Toothache, 478
Tooth-pulling, 478
To prevent falling out of the hair, 270
purify drinking-water, 460
Reduce temperature, 95
Remove immediately the taste of cod-liver oil, 431
Torsion of arteries, 236
of the spermatic cord, 69
Total extirpation of the uterus, 133
Toxic effects of gelsemium, 128
Tracheocele, 201
Tracheotomy, 9
Without a tube, 59
Tracheomy tubes, 297
Traumatic aneurism, 14
Hemorrhage into the internal ear, 427
Transfusion of mllk in opium-poisoning, with some thoughts on treatment, 322
Transplantation of large skin-flaps on fresh wounds, 419
Treatment for overdoses of electricity, 102
of angina pectoris by the iodide of sodium, 300
of asthma by pyridine, 345
of acute earache by the injection of glycerinum acidi carbolici, 220
of acute gonorrhœa, 399
of Asiatic cholera, 50
of blennorrhagic hæmaturia, 451
of burns, 32
of cervical endometritis, 230
of chancres, 72
of cholera, 144, 289
of cholera during the algid period, 385
of compound fracture by wiring and drainage, 283
of contusions, 94
of corneal infiltration with the actual cautery, 359
of the detachment of the retina by iridectomy, 314
of diabetes insipidus, 257
of diphtheria, 5
of diphtheria by the faradic current, 386
of ecżema in regions covered with hair, 407
of eczema of the eyelids, 502
of empyema, 136
of enlarged bursæ by injections of carbolic acid, 233
of entropion, 73
of epistaxis, 157
of epithelioma of the neck of the uterus, 135
of extra-uterine pregnancy with electricity, 514
of fever as a symptom, 291
of ganglions, 523
of gout, 158
of gonorrhœa in the female, 330
of habitual abortion, 328
of hiccough, 486
Treatment of hydatid cysts of the lungs by means of puncture, 390
of hysteria by isolation, 197
of incarcerated hernia by ether irrigation, 495
of incontinence of urine, by vesical dilatation, 307
of lichen ruber, Unna's ointment, 176
of locomotor ataxia, 245
of lumbar neuralgias, 416
of malarial poisoning, 340
of migraine, 293
of nævus by ethylate of sodium, 424
of old age, 323
of opium habit by codeia, 409
of persistent metrorrhagia, 416
of phthisis, 345
of pneumonia by cold baths, 296
of pneumonia by enormous doses of digitalis, 436
of pneumonia with especial reference to venesection, 152
of popliteal aneurism, 235
of retro-uterine hemorrhages, 88
of scabies by iodoform, 82
of scarlet-fever by scalded oatmeal, 147
of scars, 421
of secondary syphilis, 259
of septicæmia by ammonia and chlorate of potash, 227
of stone in the bladder, 420
of syphilis with hypodermic injections of iodoform, 450
of lupus by parasiticides, 458
of tetanus, 198, 294
of typhoid fever, 434
of ulcus serpens corneæ by erosion and the application of iodoform, 170
of vaccination vesicles, 82
of vaginitis, 230
of varicocele by excision of a fold of the scrotum, 213
of venereal diseases in New York,
of wounds, 236 [399
of zona, 224
to prevent secretion of milk, 328
Trephining of the frontal sinuses for catarrhal diseases, 140
Trichinosis, 208, 445
Trichinous sausage, 462
Tricuspid regurgitation, 537
Stenosis, 15
Topical uses of earth, 433
Trypsin as a solvent of diphtheritic membrane, 98
Tubal pregnancy, 278
Tubercular cerebellum, cure of tubercular meningitis by iodoform, 292
Tuberculosis, 391
of the eye, 27
of the uterus, 135
Tumor of the brain, 53
of the corpus callosum, 53
Tumors in animals, 423
of the orbit, 402
Turbid urine, 69
Turpentine in the treatment of psoriasis, 224
Mixture, 431
Two rare cases of mechanical injury to the organ of hearing, 405
Typhilites, 396
Typhoid fever, 4
at Plymouth, Penn., 386
Bromide potassium, 147
from cattle, 4
in infancy and childhood, 279
Inveterate vomiting, ice to the spine, 194
Large doses of bismuth, 241
Water pollution, 146
Typhoid pneumonia, 10, 295
Sub. nitr. bismuth, 5
with epistaxis, 386
Tyro-Toxican, cheese poison, 410

Ulcerating syphilides, 311
Ulceration of the bowels in young infants, 331
Ulcer of carcinomata, 83
Ulcus, 82
Ulcers, chronic, 321
of cornea, 122
of the leg, 408
Umbilical tumor, 41
Uncontrollable hysterical vomiting, cocaine, 246
Unguentum cocaine, 384
Unilateral pruritus in hemiplegia, 485
Spasm of the tongue, 63
Union of fractured teeth, 424
Unism of syphilis, 117
Unlimited torsion of arteries, 191
Unvarying weight an evidence of a sound constitution, 369
Uræmia, 23
Urari in the treatment of tetanus, 294
Urban myopia, 120
Urethral caruncle, 398
discharges, 452
Growths, 116
Ointment for gonorrhœa, 399
Spasm in the female, cocaine, 187
Stricture, 67
Uric-acid calculus, 258
Diathesis, 426
Urinary deposits, examination, 541
Incontinence in children, 92, 138
Solvent, 308
Urine in lesions of bones, 565
Urticaria, 82
and dyspepsia, 82
and asthma, 176
Useful paint in diphtheria, 292
Use of chloroform, 430
of cold in midwifery, 37
of preserved food in an army, 86
Uses of a common paraffine taper, 152
of iodoform, 378

Uterine cancer, 517
Catarrh, 375
Dilatation, 466
Displacements, 48, 380, 432, 480
Fibroid, 416
Fibroids in the negress, 279
Fibromata and castration, 375
Reflex, 373
Supporter, 142, 334
Uva ursi in gonorrhœa, 143
Uvula, elongation of, 161
Excision, cocaine, 64

Vaccination, 527, 530
after exposure, 386
Vaccine-blepharitis, 502
Vaginal examination, 135
Lithotomy, 229
Vagus pneumonia, 200
Value of ice in congestive chill, 338
Value of the "diagonal line" in the diagnosis of distension of the gall-bladder, 209
Vaporizer, 567
Varicosity of the lingual vein as a diagnostic sign, 250
Vascular hypertrophies of the nose, 93
Vaseline in pastry, 85
Vegetables as remedies, 527
Vegetation of pharyngeal vault, 376
Veins, varicose, 560
Ventilation of churches, 461
with air forced from high altitudes, 324
Veratrine in muscular tremor, 199
Veratrum a sedative to the skin, 509
Viride in the treatment of palpitation, 349
Vertigo, 287
Vesical disturbances in the early stages of locomotor ataxy, 113
Explorations, 305
Injections of nitrite of amyl, 69
of the Cornea, 502
Troubles after childbirth, 371
Vesico-vaginal fistulæ, 228
Victim on the altar of duty, 543
Vin Mariani, 335, 426
Vitiligo, 366
Voice, inhalation to improve, 154
Vomiting, feeding through tube, 553
of cholera infantum, 52
of pregnancy, 184, 381, 465
of pregnancy, dilatation of the cervix uteri, 37
of pregnancy, ether spray, 184
in pregnancy, nitrate of silver to cervix uteri, 37
of teething children, 232
Vulvo-vaginitis, astringent tampon, 558

Washing out the stomach in ileus, 111
Wash-houses and infection, 34
Water for hypodermic use, 567
Waters of life, for diabetics, 430
Waukesha Water, 239
Weak heart, 110
in typhoid, strychnine and belladonna, 147
Weakness of the heart's action, 392
What a tape-worm can do, 211
What is the proper time to take medicine? 234
Wheel-chairs, 383
When a patient dies of exhaustion, from what does he die? 443
When spectacles should be used, 503
When the heart rests, 346
White-lead paint for erysipelas, 507
Whooping-cough, 91, 106
(Convulsive stage), 232
DaCosta's treatment, 154
Narceine, 440
Willard Parker, on cancer, 523
Witch hazel as a hæmostatic, 62
Woman's Medical College of N. Y. Infirmary, 383, 479
Wounds of membrana tympani, 364
Writer's cramp, 100

Yellow-fever, 6
Yorkville road cart, 382, 432, 480

3 gal
259